The Special Attention of Physicians is Respectfully [illegible]

7

Board of Health, City of Baltimore.

Permit No. 60435

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Simmons

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} St. Joseph's Hospital

Cause of Death, First, (Primary.) Aneurism abdominal aorta

Second, (Immediate.) Bursting of aneurism

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. E. Cemetery Philada Road

Date of Burial, Oct 6th 1882

Undertaker, Denny & Mitchell

Place of Business, 652 S Broadway

S. O. G. Hoffman M.D.,
Medical Attendant.

Address, St. Joseph's Hosp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60436 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1882 BALTIMORE

Date of Death, October 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Rose

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Leather dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Isle of Guernsey

Duration of Residence in the City of Baltimore, Sixty ~~eight~~ five years

Place of Death, {Give street and Number.} 215 St. Paul St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Paralysis

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial, Oct 7th 82

Undertaker, Dennis Mitchell

Place of Business, 65 S Broadway *Address,* 5 Franklin St.

John Morris M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

Permit No. 60437 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 5th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Beck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 222 S. Durham St

Cause of Death, First, (Primary,) Internal Convulsions

Second, (Immediate,)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem

Date of Burial, Oct. 6th 82

Undertaker, G. Frame

Place of Business, Dan'l & Wolf

John H. Rehburg M. D., Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60438 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hopkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 3 1/2 Lancaster St Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 314 Lancaster St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Oct 7th 82

Undertaker, G. France

Place of Business, 9 Bank & Wash St *Address,*

J. H. Nash M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever ... said city, it shall be the duty of the Physician who attended during his or her last sick... der his notice, to furnish within forty-eight hours after the death, to the Under... ate setting forth as far as the same can be ascertained, the full name, sex ... and the cause and date of death, except in cases of births an...

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 60789 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willard Wolfe

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and Number. } 1616 E Fayette

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Dr Atkinsons

Date of Burial, Oct 6

Undertaker, G. France

Place of Business,

Wm Wolfe M. D.,

Medical Attendant.

Address, 1616 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Fletcher

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Two *Months,* *Days.*

Color, Mulatto *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 35 Foster Alley

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number.} 35 Foster Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Octo 6th 1882

Wm Green M. D.
Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

6 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Thomas

Sex, Male or Female, {cross out the word not required in this line.}

Age, 75 *Years,* 4 Months, *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her Life

Place of Death, {Give street and number} N 228 Chapel St

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Apnea from Paralysis of Muscles of Respiration

Duration of last Sickness, Five years (Hemiplegia)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 6. 1882.

Undertaker Wm H Hackman

Place of Business, 23 ½ S Gay St.

Jno J Simms M. D.
Medical Attendant.

Address, 240 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 60744 2 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann R Harsner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty nine *Years,* six *Months,* *Days.*

Color, White

Married, Single, Widow ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Elkton Cecil Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 12 Hollins St

Cause of Death, First, (Primary,) Tubercular Phthisis

Second, (Immediate,) Abdominal Phthisis

Duration of Last Sickness, Over a year

All the above information should be furnished by the Physician.

Place of Burial Bethel Cemetery Cecil Co. Md.

Date of Burial, 7th Oct. 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles *Address,* 262 Madison Ave

Edias C Price & Son M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 60443 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th Oct 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Pyle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 70 yrs

Place of Death, {Give street and number.} Old Womens Home

Cause of death, First, (Primary,) Senile Decay

Second, (Immediate,)

Duration of Last Sickness, 6 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Oct. 7. 1882

Undertaker, H. W. Dentmis & Son

Business, 75 N. Charles *Address,* Mansion

From Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish a Certificate of the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as known the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, and in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6 7 4 1 4 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Burke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days,*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 69 S. Canal St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) General Dropsy

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 7th 1882

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

A. Lizius Wentzel M. D., Medical Attendant.

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the d... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fur... within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting f... far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person de...sed, ... cause and date of death, except in cases of births and deaths of illegitimate children.

[OVE...

Board of Health, City of Baltimore,

Permit No. 60446 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Heinlich

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, — *Years,* One *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 119 Barre √

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Oct 6

Undertaker, B Hauk

Place of Business, 82 West St

D. L. Buddenbohn M. D.,
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 68446 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Waeter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} California

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 91 Druid Hill Av

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, Oct 6th

Undertaker, Wm Eiban

Place of Business, 111 Gough St

R Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6044 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5 - 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Keeth

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age Seventy five *Years,* —— *Months,* —— *Days.*

Color, Black.

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Seamstress —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anaarundle Co Md

Duration of Residence in the City of Baltimore, Seventy Three yrs

Place of Death, {Give street and Number.} 198 Mulliken street

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Pulmonary Hemorhage

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitry

Date of Burial, Oct 6th 1882

Undertaker, J. C. Sacks

Place of Business, 173 Jefferson

W. A. Hahn M. D.
Medical Attendant.

Address, 76 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 60448 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6 - 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Thompson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 11 Months, 10 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 168 Druid Hill Ave. St

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,)

Duration of Last Sickness, Five (5) weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Oct 6th 1882

Undertaker, J. L. Lochs

Place of Business, 73 Jefferson St Address, 222 N Smallwood

Geo H Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60449 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE OCT 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Tonis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 10 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and Number.} 5 Shield Ale

Cause of Death, First, (Primary,) Capillary bronchitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Some days

All the above information should be furnished by the Physician.

Place of Burial, Shorb St

Date of Burial, Oct 6th 1882

W W Atkin M. D.,

Medical Attendant.

Undertaker, Alex Items Jr

Place of Business, 116 Orchard Address, 172 Fountain st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 60450 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OCT 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5 Octobr 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Tiberer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 44 *Years,* 5 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} Grindal Street 75

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Tubericular infiltration of various organs

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Oct 8 tue

Undertaker, Henry Briele

Place of Business, Henrietta St 81

L. J. Steinhaus M. D.,
Medical Attendant.

Address, 224 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60451 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 7 1932 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October the 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Fuggerson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, one *Years,* 4 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 63 S. Dallas St

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Burial

Date of Burial, October th 6th

Undertaker, Mr Loock

Place of Business,

Chas R. Gunn M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60452 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Quirk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ~~Female~~

Age, 61 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Thirty Years.

Place of Death, {Give street and Number.} 30 Valley st.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, October 7. 1882

Undertaker, Coolahan & Evans

Place of Business, Eager & Valley sts. *Address,*

Jno. Brooke Roby M. D.,

Medical ~~Attendant~~.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Original

Board of Health, City of Baltimore,

Permit No. 60453 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 15 *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 99 East Lr

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 6

Undertaker, W W Dunger

Place of Business,

Geo. N. Dixon M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60454 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millard & Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 216 Columbia Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Nephritis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial. October 7th 1882

Undertaker, John Thacher

Place of Business, 91 1st Canden[illegible]

Jno D Black M. D.,
Medical Attendant.

Address, 168 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60455 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 716 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 6 1892

Undertaker, Armstrong & Sons

Place of Business, 163 Light St

Sherwood Carter M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 60155 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Powell

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 194 Montgomery St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 7 1882

Undertaker, Armstrong & Sons

Place of Business, 263 Light

L. C. Bruch M. D.,
Medical Attendant.

Address, 15 W Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6645 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam Alexander

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 5 Morris alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Spine Disease

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cem

Date of Burial, Oct 6

Undertaker, L A Herdmen

Place of Business, ...

Geo. W. Dennis M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60758 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended deceased during last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Burdine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 23 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 186 Battery ave

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) From (4) Months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 7th 1882

Undertaker, Thos. S. Hughes

Place of Business, [illegible]

H L Lyeth M. D.,
Medical Attendant.

Address, 387 Orleans ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60459 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 19 Canton St

Cause of Death, First, (Primary,)

Second, (Immediate,) Gastritis

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Oct. 7th

Undertaker, Wendell Dippel

Place of Business, S. Bond St. 151

J. Beatty M. D.,
Medical Attendant.

Address, 217 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60760 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cardenskey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 8 *Months,* ~~Days~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 99 Thames st

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Oct. 6th

Undertaker, Wendell Dysart

Place of Business, S. Bond st. 151

Thomas D. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6046 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Cook.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown came from Richmond Va.

Duration of Residence in the City of Baltimore, Unknown. +

Place of Death, {Give street and Number.} City Hospital.

Cause of Death, First, (Primary,) Nephritis,

Second, (Immediate,) Uraemic Poisoning. with. val. dis of heart

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, W P Cem

Date of Burial, Oct 6

Undertaker, M Coleman

Place of Business,

Edw Duffy M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 70

13 Board of Health, City of Baltimore,

Permit No. 60462

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

OCT 6 1882 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenisa Vogh.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B C,

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 61 Aunly St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Evg. Lutheran St. Paul's

Date of Burial, October 7th 1882

Undertaker, Adam Widderneyer

Place of Business, 518 W. Baltimore

Harvey Gill M. D.
Medical Attendant.

Address, 119 Runnells Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. K. BOYLE & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac & Adolphe Attechool

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Years, Months, Eleven Hours Days.

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lo

Place of Death, {Give street and number} 507 W. Baltimore St

Cause of Death First, (Primary,) Six months development

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Chev. Scholom Cem

Date of Burial, Oct 8th

Undertaker, A. Attechool

Place of Business,

A. Friedenwald M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6074 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Seager

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* ..... *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Lifted 4 Years

Place of Death, {Give street and Number.} 366 Aliceanna

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhausted

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Virginia

Date of Burial, Oct 6th

Undertaker, H. Sanders.

Place of Business, Canton near Bonding Av

Jno L Whitten M. D., Medical Attendant.

Address, 366 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6074/65 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 5, 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ridgway

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and Number.} 8 Plum alley

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mar[illegible] of Cemetery

Date of Burial, Oct 7th 1882

W. S. Bowe, M. D., Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6044

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct- 6 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. White

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 97 N Exeter st

Duration of Residence in the City of Baltimore, White life

Place of Death, {Give street and number.} 97 Exeter st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct- 7th 1882

Undertaker, Hy W. Means

Place of Business, 46 N. Gay st *Address,* 133 Exeter st

J. to. Chambers, *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60767 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Owings

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 312 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Oct 7th

Undertaker, F. N. Tootle *Address,* 146 Hanover St

Place of Business, 131 Hanover

Geo. E. Ed. [illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th October 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Haase

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 42 *Years,* 3 *Months,* *Days.*

Color, white

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, twelve years.

Place of Death, {Give street and number} No. 54 Chappel St.

Cause of Death First, (Primary,) febris malaria.

Second, (Immediate,) variola sanguinea, in stadium eruptionis

Duration of last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, 7th of October.

Undertaker, Fred Grade

Place of Business, 29 N. Caroline st.

Robt Jno Thos senior M. D.
Medical Attendant.

Address, 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6[illegible]769 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Estrick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 115 E. Lombard St

Cause of death, First, (Primary,) [illegible]

Second, (Immediate,) Phthisis

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, October 8th

Undertaker, Fred Goede

Place of Business, 29 S. Caroline St *Address,* 167 Aliceanna

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60470 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Dyer

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} P. S. C. Building. 5 Prot

Cause of Death, First, (Primary.) Enteric Inflammation

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 8th of October.

Undertaker, Fred Poole

Place of Business, 29 E Baltimore st. *Address,* 2451 E Baltimore

J. Mathieu M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 60471

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariah Morrison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Morris Row, Light St. Extended

Cause of Death, First, (Primary.) Noxious gases & odors from adjacent factory

Second, (Immediate.) badly arranged privies, & improper and negligent drainage. Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Oct 7/1882

Undertaker, Armitage & Denny

Place of Business, 263 Light St

A. N. Hodge M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8

Board of Health, City of Baltimore,

Permit No. 60472

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Thompson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 7 *Months,* 7 *Days.*

Color, White *Sex,* Female

~~Married,~~ ~~Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, Widow

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Tyrone, Ireland.

Duration of Residence in the City of Baltimore, About 52 years

Place of Death, {Give street and number.} 447 N. Central Ave.

Cause of Death, First (Primary,) Bright's Disease of Kidneys

Second (Immediate,) Oedema of Lungs.

Duration of Last Sickness, About 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Oct 9th 1882

Undertaker, Amtmann & Camp

Place of Business, 963 Light *Address* 437 N. Central Ave.

H. G. Watson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to

Board of Health, City of Baltimore,

Permit No. 6871/6 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Eisenberger

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 11 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 8 Bradford Alley

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem

Date of Burial, Oct. 8. 1882

Undertaker, C. Sandgrass

Place of Business, 202 Eastern Ave

James S. Shaw M. D.,
Medical Attendant.

Address, 8 Bradford Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6074 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Forest Wellslager

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 3 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Store Keeper (Grocer)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and Number.} 187 Canton Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Oct 8 1882

Undertaker, H Sandy & Son

Place of Business, 252 Canton Ave, Address, 207 S. Broadway

Nicholas L. Dashiell, Sr. M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 60475 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BOARD OCT 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Shelley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, 2 Days,

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 214 Caroline Ave

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Evangelic Cem

Date of Burial, Oct. 8. 1892

J. L. Wilkins M. D., Medical Attendant.

Undertaker, H. Sanner Son

Place of Business, 252 Eastern Ave Address, 7 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68476

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth W. Lindeman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give street and number} Patterson Park -

Cause of Death, First, (Primary,) Pleurisy

Second, (Immediate,) Cardiac Paralysis (Pneumo)

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct. 7 1882

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

Jos C Benzinger M. D.
Medical Attendant.

Address, 14 E Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 6847 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Clark

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~3~~ 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 178 S. Central ave

Cause of Death, First, (Primary,) Physicians Small Pox

Second, (Immediate,) Bone Felon

Duration of Last Sickness, Since 15th Sept.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Oct. 7. 1882.

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

John F. Lemmon M. D.,
Medical Attendant.

Address, 178 S. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66478 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Dauses

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 75 N. Chapel St.

Cause of death, First, (Primary.) Capillary Bronchitis

Second, (Immediate,) .....

Duration of Last Sickness, week

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem

Date of Burial, 7 Oct 82

Undertaker, G. Frank

Place of Business, Bank & Mott Address, 369 E. Baltimore St.

J. Meelbenberg. M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials to the Office w[illegible]

Board of Health, City of Baltimore,

479

Office of Registrar of Vital Statistics. Ward 14

...ian who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ... so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

60479

CERTIFICATE OF DEATH.

Date of Death, October 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stewart McDonough Dailey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 24 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 144 N Carrollton Avenue

Cause of death, First, (Primary,)

Second, (Immediate,) Acute Inflammation of Bowels in the Throat 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct. 8. 1882

Undertaker, Wm H Hickman

Place of Business, 234 N. Gay St.

J. Ridgway Andre M. D.,
Medical Attendant.

Address, 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6078 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emrick Pabott.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 239 Eight St

Cause of Death, First, (Primary,) 1

Second, (Immediate,) Tuberculus Meningitis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial. Balt Cemitery

Date of Burial. Oct 8 Th 1882

Undertaker, Raw & Bartlett

Place of Business, 62½ W. Bal St

Theodore Cotts M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60781 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Steele

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 50 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } 271 W Pratt

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) Dropsy asthma

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Ohb Shalam Cemetery

Date of Burial, Octber 8th 1882 } A R Abeel M. D.,

Undertaker, Wm Elder } Medical Attendant.

Place of Business, 101 Gough St } *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6727/82 *Office of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct, 5 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bettie Adler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 67 *Years,* 67 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 46 years.

Place of Death, { Give street and Number. } 252 E. Pratt St.

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate.) Apoplexy

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial Lloyd St Cemetery

Date of Burial, Oct 8th 1882

Undertaker, Wm Edlace

Place of Business, 101 Gough St

A R Arnold M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60483 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th. October 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Tidal

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Königsberg, Prussia, Germany

Duration of Residence in the City of Baltimore, 1½ years.

Place of Death, {Give street and Number.} Cambridge street 17.

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,) ——

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cem

Date of Burial, 10 Oct 92

Undertaker, Corbin

Place of Business, ——

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfert 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 60484 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Sept.~~ 15 Oct 6. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha D. Higgins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~Servant~~ Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, ~~6 Years~~

Place of Death, {Give street and Number.} 422 E. Fayette St.

Cause of Death, First, (Primary,) Cardiac Weakness

Second, (Immediate,) Asphyxia

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt E Cemetery

Date of Burial, Oct 7/82

Undertaker, Fry & Son

Place of Business, 817 N Broadway

G. G. Rouk M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to ...

Board of Health, City of Baltimore,

Permit No. 60785 *Office of Registrar of Vital Statistics.* Ward 12.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Scarborough

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None. Invalid for some years

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 32 Etting St.

Cause of Death, First, (Primary,) Hemiplegia

Second, (Immediate,)

Duration of Last Sickness, Five days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 8

Undertaker, C. T. Rippin

Place of Business, 1208 Pa. Ave.

Benj. A. Turner M. D.
Medical Attendant.

Address, 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 66486 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of J. & M. Wagner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 141 Canton Ave

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) "

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 7th 1882

Undertaker, Sander

Place of Business, Canton Ave

Geo. H. Dunn M. D.

~~Medical Attendant~~

Address, Cor. of Ellwood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible]

16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Oct 6th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Emma S Robens

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 21 *Days.*

Color, Black

Married, Single, [redacted] *or* [redacted], {Cross out the words not required in this line.}

Occupation, [redacted]

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Born in Md

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 81 Dover St

Cause of Death, First (Primary,) Insanition (with Phthisis & Hair Lip

Second (Immediate,) 21 Days

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Octo 7

Undertaker, H Ross

Place of Business, 75 Bonnuy St

H C Nelson M. D.
Medical Attendant.

Address Carrollton Bldg

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61488 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm L Lunn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 11 *Months,* 1 *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 10 Douglass St

Cause of Death, First, (Primary,) /

Second, (Immediate,) Consumption

Duration of Last Sickness, /

All the above Information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial. Oct 8

Undertaker, W W Maddux

Place of Business,

Geo. H. Simon M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention [illegible] Keepers of Cemeteries in City of Baltimore [illegible]

Board of Health, City of Baltimore,

Permit No. 60489

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan E. Hymen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, [illegible]

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City Lifetime

Duration of Residence in the City of Baltimore, 153 Hanover St

Place of Death, {Give street and number.} Vaccination

Cause of Death, First, (Primary.) Pyaemia

Second, (Immediate.) 4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 8 1882

Undertaker, Cunningham

Place of Business, 269 Light

J. B. Noble M.D.,
Medical Attendant.

Address, 50 Warren ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible] within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth [illegible] as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and [illegible] cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page

8

Board of Health, City of Baltimore,

Permit No. 60490

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 7 1882

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane Hennessey

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 17 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland 3 Yrs. in America

Duration of Residence in the City of Baltimore, 3 Mos.

Place of Death, { Give street and number. } Dispensary Hospital

Cause of Death, First, (Primary.) Relapse from Typhoid Fever

Second, (Immediate.) Hypostatic Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Oct 7th

Undertaker, H Schneider

Place of Business,

Oscar J. Slokey M.D.,
Medical Attendant.

Address, 188 N Gilmor St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6049 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet A. Collins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* *Days,*

Color, Bl

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Balt~~ Charles Co. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 66 n Bond st.

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Oct 8th 1882

Undertaker, J J Lucas

Place of Business, 173 Fillmore Address, 1171 Broadway

R D Mansfield M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse.

Board of Health, City of Baltimore,

Permit No. 60492 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Coachman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and Number.} 287 N. Calvert St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial Bath Co.

Date of Burial, Oct 8th 1882

Undertaker, Wm E Gray

Place of Business, 66 Mulberry

Chas Fenwick Bryce M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

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Permit No. 60493

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie May Hoch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 38 Bryan St

Cause of Death, First, (Primary.) Laryngeal Diphtheria

Second, (Immediate.) .....

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 8.

Undertaker, B. Hayle

Place of Business, 82 West St

C. E. Cooke *M.D.,*
Medical Attendant.

Address, 373 Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66494 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octr. 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Laurence

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, Blk

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 3

Place of Death, {Give street and Number.} 38 E Wellington Av

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 8

Undertaker, Hercules Ross

Place of Business, 25 Conway St

R. H. Ellis M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6 0 4 9 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Burnett

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } No. 7 Bankard Lane

Duration of Residence in the City of Baltimore, 1 yr – 1 mo.

Place of Death, { Give street and number } No 1 Bankard Lane

Cause of Death, { First, (Primary,) Marasmus. / Second, (Immediate,) Since birth.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 8 1882

Undertaker, Hercules Ross

Place of Business, 95 Conway St

A. G. Watts M. D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 60796 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 8 1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Caspar

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 15 Years, Months, Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 37 Covington St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Albuminuria

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 9

Undertaker, B. Clark

Place of Business, 42 West St. *Address,* 15-28 Hanover St.

R. J. N. Tall, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 7

Permit No. 65497 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Carey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* ~~—~~ *Months,* ~~—~~ *Days,*

Color, Negro

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Widower

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Saint Josephs Hospital Meridian Agus

Cause of Death, First, (Primary,)

Second, (Immediate,) Aneurism of Aorta (dissecting)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Oct 8 1882

Undertaker, [illegible]

Place of Business,

Walter Lyman M. D.,
Medical Attendant.

Address, Custom House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60498 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Flynn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* 10 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland - 53 years in U S

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 136 Linden Ave

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Chronic Bronchitis & Asthenia

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cem

Date of Burial, Oct 9th 1882

Undertaker, Chas T Scriven

Place of Business, 211 N Eutaw St

Edmund R Walker M. D.,
Medical Attendant.

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Permit No. 60499

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Henson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Co —

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 134 N Caroline St

Cause of Death, First, (Primary.) General Debility — &c

Second, (Immediate.)

Duration of Last Sickness, About eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 9th

Undertaker, J. L Lochry

Place of Business, 23 Jefferson

D M Cathell M.D.,
Medical Attendant.

Address, 211 Bruadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60500 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 8 1882 BALTIMORE MD.

Date of Death, Oct. 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rhoda Knight

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 170 S Dallas

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 8 1882 B

Undertaker, Jno H Treadway

Place of Business, 76 East Pr

J. R. Frame *M. D.,*

Medical Attendant.

Address, 120 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60501 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Saleslady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and Number.} St. Joseph's Female House of Industry Cor. Carey & Lexington sts.

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Suddenly (Collapse)

Duration of Last Sickness, about 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Monday Oct 10th

Undertaker, P & B Cook

Place of Business, 707 N Balto St

C. H. Eaton M. D.,
Medical Attendant.

Address, 513 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 31 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Manuel Lein

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 29 Shakespeare Alley

Cause of Death { First, (Primary.) Disease of Liver
Second, (Immediate,) Sec Note week

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Cemetery

Date of Burial, October 1

Undertaker, W. Eulau

Place of Business, 101 Lynch St

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eulau Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6053 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Angelina Burden

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 25 *Years,* — *Months,* — *Days.*

Color, Negro

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Domestic

Birthplace, { State or country and how long in the United States, if of foreign birth. } Va —

Duration of Residence in the City of Baltimore, 5 yrs —

Place of Death, { Give street and Number. } C Mechanic or r

Cause of Death, First, (Primary,) Pthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, August 10th 1882

Undertaker, Wm H Bishop Jr.

Place of Business, 9 & 11 Hill ave.

D. Sheets M. D.,

Medical Attendant.

Address, 1434 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

13 Board of Health, City of Baltimore,

Permit No. 60504

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Vogt

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 61 Amity St

Cause of Death { First, (Primary,) Diphtheria

{ Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Ant. Pauls, Evgl Luthrn

Date of Burial, October 9th. 1882

Undertaker, Adam Weidemeyer

Place of Business, ~~678~~ W. Baltimore St.

J Harvey Gill M. D.
Medical Attendant.

Address, 119 Edmondson Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Penalties on Back.

Board of Health, City of Baltimore,

Permit No. 60505 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 3 1 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cyril Dariak

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days,*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and Number.} 13 Bohemia Court

Cause of Death, First, (Primary,) Indigestion

Second, (Immediate,) Inanition

Duration of Last Sickness, about 4 or 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 9

Undertaker, J Domek.

Place of Business,

B. F. Irvine M. D.,
Medical Attendant.

Address, 128 Church

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 60506 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Collins

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~ Male

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 62 Wilmer alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Premature Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 9

Undertaker, W W Dwyer

Place of Business, ...

Geo. W. Benson M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8. 1882. Lilian Elizabeth Schmincke

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant daughter of P. F. Schmincke & Emma Schmincke.

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number} 70 Collington Ave.

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Cardiac Failure

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 9th Oct, 1882

B. F. Lemmert *M. D.*
Medical Attendant.

Undertaker, Henry Sanders

Place of Business, 262 Canton Ave.

Address, 29 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Permit No. 68308

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 9 1882 BALTIMORE

Date of Death, Oct. 7 — 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Cleary

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 ~~43~~ *Years,* 11 *Months,* 27 *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sail-maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} Malby's wharf

Cause of Death, First, (Primary,)

Second, (Immediate,) Accidental Drowning.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Owens Church Balto Co.

Date of Burial, Oct. 9. 1882

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

H. Connolly M. D.,

~~Medical Attendant.~~ *Address,* Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 60589 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank H Dailey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* 21 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 144 Carollton Avenue

Cause of death, First, (Primary,) Acute Inflamation & Swelling

Second, (Immediate) Sol. by exhaustion from mitrd Poison Diphtherial in Character

Duration of Last Sickness, under my care 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cem

Date of Burial, Oct. 9. 1882

Undertaker, Wm H Hickman

Place of Business, 234 N. Gay St

J Ridgway Andre M. D.,
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Eighth October 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Crawford

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 54 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Rail Road Agent

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Windsor Carroll Co Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 176 Bolton Street

Cause of Death, First, (Primary,) Meningitis & Renalis (lower portion of the Cord)

Second, (Immediate,) Congestion of Stomach

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 10th Oct. 1882.

Undertaker, H. W. Jenkins & Son

Place of Business, 55 St Charles

Jos. Lloyd Martin M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore.

Permit No. 68577 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 7 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry albers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bremen Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} cor Sharp & Pennsylvania Ave

Cause of death, First, (Primary,) Fatty Heart

Second, (Immediate,) Bronchitis with Effusion

Duration of Last Sickness, sudden

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 9th October 1882

Undertaker, Henry M. Jenkins & Son

Place of Business, No 75 Charles *Address,*

S Theobald M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

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Board of Health, City of Baltimore,

Permit No. 60512

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida M Dundon

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 26 *Years,* 11 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, School Teacher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} # 267 Light St

Cause of Death, First, (Primary.) Phthisis Pulmonary

Second, (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 9th 82

Undertaker, Ernest Coe & Day

Place of Business,

E E Stable M.D.,
Medical Attendant.

Address, 50 Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 60573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th October 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Gist

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 26 *Years,* 3 *Months,* — *Days.*

Color, white

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, — Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 321 Linden Avenue

Cause of Death, {First (Primary,) Phthisis Pulmonorum in Second (Immediate,) in

Duration of Last Sickness, Two years and some months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 9th

{Undertaker, D E Boughton

{Place of Business, 320 Penna Ave

Richd Henry Thomas, M. D.
Medical Attendant.

Address 142 Fairvale St

Office 317 Madison Av Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Numbers Below [illegible]

Board of Health, City of Baltimore,

Permit No. 60914 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octr. 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles W. Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 *Years,* *Months,* *Days,*

Color, B

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 6

Place of Death, { Give street and Number. } 63 Plum alley

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 9

Undertaker, Ross

Place of Business, 95 Conway St

R. A. P. Ellis M. D.,

Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 66515 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED OCT 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Wilkerson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 258 E Ann St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cr

Date of Burial, Oct 9th 82

Undertaker, G. Francis } *Medical Attendant.*

Place of Business, Jones & Hopkins *Address,* 243 Alice Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

No. 2...

Permit No. 60576

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Parker

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and Number.} 113 S Stricker St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage from Lungs

Duration of Last Sickness, Sudden Death

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 9th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

C. M. Wright M. D.,

Medical Attendant.

Address, 62 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 60517

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 7. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Jones

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* — *Months,* — *Days.*

Color, Blk.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Minor.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 1 Morris Alley Court

Cause of Death First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of last Sickness, Several years -

All the above information should be furnished by the Physician.

Date
Place of Burial, Oct. 9th 1892

Place
Date of Burial, Laurel Cemetery

Undertaker, Chas. F. Bickhardt.

Place of Business, 9 & Hillen.

W. E. Mowry M. D.
Medical Attendant.

Address, 248 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 60378 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 8th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Mason

~~*Sex,*~~ ~~*Male*~~ ~~*or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* —— *Months,* —— *Days,*

Color, Black

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and Number.} 238 Biddle

Cause of Death, First, (Primary,) Uterine Hemorrhage

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Octo. 9th 1882

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 D. Hillen.

Jas. S. Stonner M. D.,
Medical Attendant.

Address, 235 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Instructions

Board of Health, City of Baltimore,

Permit No. 6519

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Hume

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 36 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, Eight years.

Place of Death, {Give street and number} 216 Preston St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Six (6) months.

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, the 10th of Oct

Undertaker, Mrs P. Kimmel

Place of Business, 317 Mulberry St.

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below [illegible]

Permit No. 11 6052

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* 0 *Months,* 0 *Days.*

Color, Light brown

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Stove Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Easton Shore Md

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} No 51 E Monument st

Cause of Death, First, (Primary.) Enlargement of the Heart

Second, (Immediate.) Dropsy

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Oct 9th 1882

Undertaker, M J Jordan

Place of Business, 68 Park Ave

B J Bohn *M.D.,*

Medical Attendant.

Address, cor Druid Hill & Dolphin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

Permit No. 60321 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8, 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Humphreys

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 74 *Years,* 8 *Months,* 29 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 65 Lee St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Asthenia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. Loudon Park Cemetery

Date of Burial. Oct 10th 1882

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St *Address,* 210 Shark St

W. S. Booze M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Th: Special Attention of Physicians is Respectfully ...

Board of Health, City of Baltimore,

Permit No. 60522 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1882

CERTIFICATE OF DEATH.

Date of Death, Oct 7. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ada Zillah Waters

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 5 1/2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Nursery & Child's Hospital

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 9

Undertaker, C. H. Blizard

Place of Business, 178 Lee *Address,* .....

C. F. Brau M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6053 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 2d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Paul

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 10 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 40 Hoffman

Cause of Death, { First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

Place of Burial, Mount Carmel Cemetery

Date of Burial, 4 Oct 1882

Undertaker, John L Schuen

Place of Business, 108 Monument *Address,* ..... *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60524 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1882

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Barrett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 133 S Eden St

Cause of Death, First, (Primary,) Cynanche

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 9

Undertaker, H Sanders Son

Place of Business,

H. Kelly M. D.,
Medical Attendant.

Address, 208 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 6525 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie McGinnis.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days,*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 9/82.

Undertaker, Pat. Hunt.

Place of Business, Irwin & Townsend

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60526 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH OCT 9 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Cellen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 2 *Months,* 2 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 185 West St

Cause of Death, First, (Primary,) Mutual

Second, (Immediate,) Diphtheritic Croup 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bacro

Date of Burial, Oct 10

Undertaker, D. Flynn

Place of Business,

Z. K Ahly M. D.,

Medical Attendant.

Address, 15 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 19 6052

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OFFICE OCT 9 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. A. Miller.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Salesman.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} City (St. Vincents Hospital.

Cause of Death, First, (Primary.) Typhoid Fever.

Second, (Immediate.)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Dublin Va

Date of Burial, Oct 9th 1882

Undertaker, Denny & Mitchell

Place of Business, 660 W Fayette St

J. G. Hildebrand, *M.D.,*

Medical Attendant.

Address, Fayette & Sharp Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Strauss

Sex, ~~Male or Female,~~ {cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 11½ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 103 Reden St

Cause of Death, First, (Primary.) Tuberculous

Second, (Immediate,) Meningitis

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, October 10th 1882

E V Eilau M. D.
Medical Attendant.

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 65529 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Marks

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 5 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} No 278 Cross St

Cause of death, First, (Primary,) Diph

Second, (Immediate,) Diph Membd

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill

Date of Burial, Oct 10 1892

Undertaker, Austin Quinn

Place of Business, 263 Light St

J. C. Buck M. D.,
Medical Attendant.

Address, 165 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60530 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8; 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Donnelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Co. Tyrone, Ireland

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and Number.} 144 N. Gouldm

Cause of Death, First, (Primary,) Softening of Thyroid Vein

Second, (Immediate,) Compression of Brain

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, October 9 1882

Undertaker, Jas O Byrne

Place of Business, 63 Front

John F. Monnemin M. D.,
Medical Attendant.

Address, 518 Calvert Building

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

0,531, 60531 See following certificate

Health Department City.

OCT 10 1882 BALTIMORE

Baltimore, Md. October 9th 1882

Very respectfully I have the honor to inform You, that my infant son

John Heinrich Behnke

born in this city, October 17th 1879, died this morning at 6 o'clock on the "Dyptheritis" after a lingering of only two days.

Dr. med. H. Heilmann of Wilmington, a friend of my family has attented the child.

I would respectfully request You for burial-permit to have my child burried on my burial ground at Mount Carmel Cemetery, Trapp Road Baltimore County.

With assurances of high Esteem, I remain,

Your obedient Servant,

Augustus Behnke.

Corner Pinnie & Donnell Sts.

The Special Attention of Physicians is R...

Board of Health, City of Baltimore,

Permit No. 60531 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Behnke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 24 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Penn' & Odonnell Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Oct 10

Undertaker, L. Sanders & Son

Place of Business,

Geo. W. Dunn M. D.,

~~Medical Attendant.~~

Address 5m & Death

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60532 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Wile

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female.

Age, ... *Years,* 11 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 114 S. Exeter St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Dysentery, Five days.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial St Michael Cemetery

Date of Burial, Octr 10th 1882.

Undertaker, Peter Frey

Place of Business, 91 Eastern Av *Address,* 95 Park Ave

A. F. Esch M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 6853 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Leonard Mohr

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 6 hours ~~Days~~

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 163 S. Haig near 5th Av

Cause of Death, First, (Primary,) Eclampsia

Second, (Immediate,) — — —

Duration of Last Sickness, Since birth

All the above Information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, October 10 1882

Undertaker, Henry Nordt

Place of Business, 329 N. Eutaw St

C. W. Glover M. D., Medical Attendant.

Address, 163 S. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Memorial Below, and to Blank [illegible]

Board of Health, City of Baltimore,

Permit No. 60534 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. H. Noah

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* — *Months,* — *Days,*

Color, ed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and Number. } 145 York St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Oct 9/82

Undertaker, F. A. Kirchner

Place of Business, 50 f Carroll

Leo. H. Brown M. D.,

~~Visiting~~ Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Leo H. Brown
Inspector

[OVER.]

The Special Attention of Physi...

Board of Health, City of Baltimore,

Permit No. 60536 — *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

OCT 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Schumann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 240 S Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 Days

All the above Information should be furnished by the Physician.

Place of Burial, Lauten Park Cemetri

Date of Burial, Oct 11 1882

Undertaker, John Herwig

Place of Business, 382 Orleans St *Address,* 146 Hanover St

Medical Attendant. M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully [illegible]

H

Board of Health, City of Baltimore.

Permit No. 6054-36

Office of Registrar of Vital Statistics.

OCT 1882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Emals

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Labourer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 17 Allens alley

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial Saint Agentry

Date of Burial, October 10 1882

Undertaker, Charles A White

Place of Business, Granby 28 35

D W Cathell M.D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60937 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1882

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L. Lilley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 8 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 79 Johnson St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, about one wk

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 10

Undertaker, B Hall

Place of Business, 82 W Pratt

Jno H Smith M. D.,
Medical Attendant.

Address, 28 S. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60538 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Tracy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 13 Mos.

Place of Death, {Give street and number.} 115 Fordham alley

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 12

Undertaker, B. Hark

Place of Business, 82 West St

C B Lacetti M. D.,
Medical Attendant.

Address, Fort and St Johns Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases t...

Board of Health, City of Baltimore,

Permit No. 60537 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

1882

CERTIFICATE OF DEATH.

Date of Death, October 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mason

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 37 *Years,* ——— *Months,* ——— *Days,*

Color, W White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Liverpool England

Duration of Residence in the City of Baltimore, Six weeks

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Pyaemia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemy

Date of Burial, Oct 7/82

Undertaker, P O'Kershner

Place of Business, 50 S Carroll Sq

C. F. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 6057 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

OCT 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Foos

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dalle

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 30 S. Oregon Av

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Lung Fever

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 11 '88

Undertaker, J B Cook

Place of Business, 707 W Balto St

Geo. W. Benson M. D., Medical Attendant.

Address, 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases &c.

Board of Health, City of Baltimore,

Permit No. 60541 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Pitts

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B, Co

Duration of Residence in the City of Baltimore, 2 Y

Place of Death, {Give street and Number.} 22 Winder Of

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Lard Cemetery

Date of Burial, October 10

Undertaker, H Ross

Place of Business, 95 Conway St

H H Ellis M. D.
Medical Attendant.

Address, 22 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseas...

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry S. Herdbrueck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 295 Lanvale St.

Cause of Death, First (Primary,) Cerebral Disease

Second (Immediate,) Congestion of Brain & Stupor

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, October 11th 1882

Wm. H. Stokes, *M. D.*
Medical Attendant.

Undertaker,

Place of Business, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Address 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

TOVER.

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 60344 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Poole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* 11 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Home for Aged F. M. E. Church

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Fract. of Neck of Femur

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cem

Date of Burial, October 11th 1882

Undertaker, John Thacker,

Place of Business, No 150 Camden.

John Hood M. D.,
Medical Attendant.

Address, 322 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore.

Permit No. 60644

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 10 1882

CERTIFICATE OF DEATH

Date of Death, Oct. 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Murphy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 48½ N Londs

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bonnebrae

Date of Burial, Oct. 11th 1882

Undertaker, Matthew Cadogan

Place of Business, 22 Hulkins St

J. J. Jenkins M.D.,
Medical Attendant.

Address, 2 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60545 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loretta Jackson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} C

Occupation, C

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 70 Chesnut Street

Cause of Death, First, (Primary,) 3 Malarial Fever

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial Ashley Cemetery

Date of Burial, Oct 9. 1882

Undertaker, William J Dugan

Place of Business, 62 East Pr

Chas M. Morfit M. D.,
Medical Attendant.

Address, 67 W Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 60546 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Levi

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* Six *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 25 Douglas St

Cause of Death, First, (Primary,)

Second, (Immediate.) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Oheb Scholam

Date of Burial, Oct 11th

Undertaker, Myers Whitfelder

Place of Business, 43 S Eight St

Francis A Speer M. D.,
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60541 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Chew

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 67 Duncan Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 10th 1882

Undertaker, J. J. Disney

Place of Business, 73 Jefferson *Address,* Com'r of Health

Geo. W. Pinson M. D.,
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Emanuel Weinman

Board of Health, City of Baltimore,

Permit No. 00548 *Office of Registrar of Vital Statistics.* Ward 12

OCT 1882

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 9. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Strelinsky

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} No 4 Presenden street

Cause of death, First, (Primary,)

Second, (Immediate,) Croup.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, October 11. 82

Undertaker, Fred Goede

Place of Business, 27. S. Caroline st

John J. Litzer M. D.,
Medical Attendant.

Address, 160 Saratoga street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60079 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Bantz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} McKildin's Wharf

Cause of Death, First, (Primary,)

Second, (Immediate,) Drunk.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hearst's Cemetery

Date of Burial, Oct. 11th 1882

Undertaker, W. H. Bischoff

Place of Business, 97 S. Hilleary

J. G. Connolly M. D.,
Medical ~~Attendant~~.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained: the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 10
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday Oct 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cloyd Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 88 Monroe alley

Cause of Death, {First (Primary,) Deprived of mothers milk
Second (Immediate,) Marasmus

Duration of Last Sickness, during life

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Oct. 11th 1882

Undertaker, W H Bishop & Co

Place of Business, 99 D-Street

H Nelson M. D.
Medical Attendant.

Address 25 Eutaw Baltimore Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting f... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person dece... and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov...

Board of Health, City of Baltimore,

Permit No. 60551 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 10 1882

Date of Death, Oct 10th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Clough

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, Carriage Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md,

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 137 Shroeder St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemt

Date of Burial, Oct 14th 1882

Undertaker, John C Clough

Place of Business, 320 Penna Ave

H Welles, M. D.,
Medical Attendant.

Address, 188 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases.

Board of Health, City of Baltimore,

Permit No. 60552 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th "

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Kramer

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* one *Months,* two *Days,*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 28 Stockholm St.

Duration of Residence in the City of Baltimore, two years, one Mo, two days

Place of Death, { Give street and Number. } 65 Stockholm St,

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Mt Johnsons Cemetery

Date of Burial, October 10 82

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Av

M. D.,

Medical Attendant,

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6k 553

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 10 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 7.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Paul McElroy

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, {Give street and number} 16 Etting St

Cause of Death { First, (Primary,) Chol. Infantum & Hydrocephalus
Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 or 6 Wks

All the above information should be furnished by the Physician.

Place of Burial, Frederick city Md

Date of Burial, Oct 11th 1882

Undertakers Denny & Mitchell

Place of Business, 550 W Fayette St & 65 South Broadway

Ernest Schlueter M. D.
Medical Attendant.

Address, Cor Wilcox & Bro

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

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Board of Health, City of Baltimore,

Permit No. 60554

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octor 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Hentle

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 108. N. Eay St.

Cause of Death, { First (Primary,) ... Second (Immediate,) Tuberculosis

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery Samuel H. Henry M. D.

Date of Burial, Oct 11th 1882 Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 656 W Fayette *Address* 160 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the d... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his noti... within forty-eight hours after the death, to the Undertaker or other person or persons superintending t... setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether marr... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children...

The Special Attention of Physicians is respectfully called to the following:

Board of Health, City of Baltimore,

Permit No. 60555 *Office of Registrar of Vital Statistics.* Ward 00

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Gaffney

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 1023 Eastern Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Comp'y

Date of Burial, October 11th 1882

Undertaker, H. M. Gilmayer

Place of Business, 341 Eastern Ave., *Address,*

J. Kelly, M. D., Medical Attendant.

1023 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60556 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Catharine~~ ~~Weber~~ 10th October 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Weber

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 6 *Months,* *Days,*

Color, white

~~Married~~ *Single,* ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32. years.

Place of Death, {Give street and Number.} S. Caroline St. 268.

Cause of Death, First, (Primary,) Apoplexia nervosa

Second, (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemet.

Date of Burial, October 12, 1882

Undertaker, Leonhard Feuz

Place of Business, 277 S. Bond Street

William Henkel M. D., Medical Attendant.

Address, S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore

Permit No. 6055

Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Miles

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Boat Builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number.} 55 S. Eden St.

Cause of death, First, (Primary,) Asthma

Second, (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 13th 92

Undertaker, Dennis & Mitchell

Place of Business, 65 S Broadway *Address,* 57 S Broadway

C. H. Brown M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60558 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Edward Groman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 69 Harlem Ave

Cause of death, First, (Primary,) Diffused Bronchitis

Second, (Immediate,) .....

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 14

Undertaker, Rawz Bechle

Place of Business, 62½ W Balt St

John Neff M. D.,
Medical Attendant.

Address, 206 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60359 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen V. Armstrong

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty four *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} No 143 S. Bethel St

Cause of death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) " " Exhaustion

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 10th 1882

Undertaker, J. J. Lochy

Place of Business, 173 Jefferson St

Wm Fred Wilmer M. D.,
Medical Attendant.

Address, 115 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60560 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Anna Ballard~~ Oct 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ballard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 215 Aisquith St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 12th 1882

Undertaker, Julius Koehler

Place of Business, Sharpe Cross St *Address,* 146 Aisquith St

Signed Howard Bruce M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 60561

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Curtis

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Elbon Lane

Cause of Death, First, (Primary.) " "

Second, (Immediate.) Scarlatina

Duration of Last Sickness, one week -

All the above information should be furnished by the Physician.

Place of Burial, Sharp stree Cemetery

Date of Burial, October 1 1882

Undertaker, Charles A Wirt

Place of Business, 35 Granby st

Hector N Goodman M.D.,
Medical Attendant.

Address, 93 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 60562

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

Date of Death, Oct 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Quinn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — / *Years,* 4 *Months,* ——— *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 105 Pearl St

Cause of Death, First, (Primary.) Pertussis & Bronchitis

Second, (Immediate.) Clonic Convulsions

Duration of Last Sickness, 9 da

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, 11 of Oct

Undertaker, J. A. Cook

Place of Business, N° 107 N. Balto St

W. F. Haupt M.D.,

Medical Attendant.

Address, 89 N. Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60563

Office of Registrar of Vital Statistics. 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 11 1882

CERTIFICATE OF DEATH.

Date of Death, 10th Oct 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Caulker.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore md Since birth

Duration of Residence in the City of Baltimore, 54 Hamburg St

Place of Death, {Give street and number.} Unknown

Cause of Death, First, (Primary.) Cancer Diffuse

Second, (Immediate.) one year.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'l

Date of Burial, October 13

Undertaker, B. Hauk

Place of Business, 82 West St

H. H. Dodge M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3 **Board of Health, City of Baltimore,**

Permit No. 60564

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Terence Quigley

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 49 S. Butler st Chapel st.

Cause of Death { First, (Primary,) Congestive Chill
Second, (Immediate,) Cardiac Failure

Duration of last Sickness, Length of time unknown the Time I saw him once. Then

All the above information should be furnished by the Physician.

Place of Burial, Loy Green

Date of Burial, 49 Chapel St

Undertaker, Edward Schaefer

Place of Business, 214 East Eutaw *Address,* 214 E. Balt. St.

73 F. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... of this

Board of Health, City of Baltimore,

Permit No. 60565 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11/82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ames.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Oct. 12/82.

Undertaker, Pat. Hunt.

Place of Business, Fusion & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

Address, Holen ave Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 6656

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEPT. OF HEALTH 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Walther

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 or 3 years.

Place of Death, {Give street and number.} Camden Station.

Cause of Death, First, (Primary.) Gastritis

Second, (Immediate.) "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, Oct 10/82

Undertaker, Fred'k Kirchner

Place of Business, 50 S. Carroll Ave

T. A. Bell M.D.,

~~Medical Attendant~~.

Coroner

Address, No. 8 E. Pleasant St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

Permit No. 6057 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Beahm

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, a Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and Number.} 1085 Hanover St

Cause of Death, First, (Primary,) Typhoid

Second, (Immediate,) Fever

Duration of Last Sickness, 1st 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 12th 82

Undertaker, G. Frank M. D., Medical Attendant.

Place of Business, Banks & Wolf *Address,* 310 Fawn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60568 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Albert Bush

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 9 *Months,* & 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 69 Chew st.

Cause of Death, First, (Primary,) Scarlatina, Vaccinia & Teething

Second, (Immediate,)

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 12th

Undertaker, Geo Schilling

Place of Business, Ashland Ave.

Geo. A. Norman M. D.,
Medical Attendant.

Address, 305 N Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 17 of this

Board of Health, City of Baltimore,

Permit No. 60569 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Burl

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } F.

Age, 2 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 2 y

Place of Death, { Give street and Number. } 13 Borough st

Cause of Death, First, (Primary,) Gastro enteritis

Second, (Immediate,)

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem Canton

Date of Burial, October 13 - D. A. D. Ellis M. D.

Undertaker, B. Hurle Medical Attendant

Place of Business, 82 West St *Address,* 813 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60570 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th, 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Tyler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 52 N. Eutaw St

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 12, 1892

Undertaker, H. Saunders Son

Place of Business, 232 Eastern Ave *Address,* .....

..... M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66511 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Snyder

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 420 Carlton Ave.

Cause of Death, First, (Primary,) Small Pox & Diphtheria

Second, (Immediate,) ~~Diphtheria~~ Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Evergreen

Date of Burial, Oct. 9 1882

Geo. W. Tracey M. D.,

Medical Attendant.

Undertaker, Hackney & Son

Place of Business, 252 Eastern Ave

Address, 418 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 60572

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David McIntyre

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Fireman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 240½ Montgomery & Aisquith

Cause of Death, First, (Primary.) Lockjaw

Second, (Immediate.) Cerebral Effusion

Duration of Last Sickness, 30 & 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 13th 1882

Geo. H. Benson M.D.,
Medical Attendant.

Undertaker, Armstrong & Dorsey

Place of Business, 263 Light St *Address,* Hanover & Lee

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60573 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* *Months,* 14 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Shuna & Fremont

Cause of Death, First, (Primary,)

Second, (Immediate,) Grasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shar Ch

Date of Burial Oct 12

Undertaker, Lee W Perkins

Place of Business,

Lee A. Dixon M. D.,

~~Medical Attendant.~~

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Brock

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 4 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 6 wks - 5 days -

Place of Death, {Give street and number} 33 Foster's alley

Cause of Death { First, (Primary,) Marasmus / Second, (Immediate,) Asthenia

Duration of last Sickness, Apparently all the life child in prop family

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12th 1882

Undertaker, Wm J Gray

Place of Business, 65 Mulberry

E Bailord Brune M. D.
Medical Attendant.

Address, 365 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this

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Board of Health, City of Baltimore,

Permit No. 60575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Chase

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49. *Years,* *Months,* *Days.*

Color, Black. *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cumberland Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 45 Druid Hill Ave

Cause of Death, First (Primary,) Chronic Pneumonia.

Second (Immediate,) Haemorrhage from Lungs

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Wm H. Stokes, M. D.

Date of Burial, Oct 13th 82 Medical Attendant.

Undertaker, Ellis Hunter

Place of Business, 116 Orchard Address 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish

Board of Health, City of Baltimore,

Permit No. 60576 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11 th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Winans

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Seleca State of New York

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, {Give street and Number.} S. E. Cor. Bank & Eden,

Cause of Death, First, (Primary,) Exposure

Second, (Immediate,) Malarial Fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct. 12 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 1646 E. Balto. St.

Wm H Winans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 20605

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octr. 10th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J. Franklin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 2 Month

Place of Death, {Give street and number.} 473 N. Fremont St

Cause of Death, First, (Primary.) Cerebral Meningitis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, OCT 12

Undertaker, C H Blizzard

Place of Business, 198 Penn ave

H. J. Hauck M.D.,
Medical Attendant.

Address, Fayette and Carey Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60578 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Howeon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 855 Durham St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 12

Undertaker, G Franc

Place of Business,

Geo. H. Eman M. D.,
Medical Attendant.

Address, 1201 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 60879 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loretta E. Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 30 Ramsay

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Nine Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Oct 13th 1882

Undertaker's Denny & Mitchell

Place of Business, 530 W Fayette st

John Neff M. D.,
Medical Attendant.

Address, 506 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60580 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Esther Ann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and now being in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 426 Canton Ave

Cause of Death, First, (Primary,) Cholera

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Bur

Date of Burial, Oct 12 82

Undertaker, G. Frank

Place of Business, Bank & Wash *Address,* 84 Hanover

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

This Special Attention of Physicians is respectfully invited to the Memoranda Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 60681 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Badinger

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *5 Months,* ..... *12 Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 214 Bank st.

Cause of Death, First, (Primary,) septicemia: (the above child had

Second, (Immediate,) variola (month ago)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas } Sign F. G. Dausch M. D.,

Date of Burial, Oct. 12 1882 } Medical Attendant.

Undertaker, E. Bance } Address, 3. N. Bl'ways

Place of Business, Bank & Mole }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 60382 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christoph John Eckhardt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 60 *Years,* 6 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bavaria, Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 94 N. Chapel St.

Cause of Death, First, (Primary,) Gastritis

Second, (Immediate,)

Duration of Last Sickness, About 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'ty

Date of Burial, Oct 25 1882

Undertaker, H. Hofmann

Place of Business, 23 N. Eden

Geo. W. Miller M. D., Medical Attendant.

Address, 68 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 60583 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Dickson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 65 Dawson

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 13

Undertaker, W J Gray

Place of Business,

Geo. W. Benson M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Rule 10 of

Board of Health, City of Baltimore,

Permit No. 60384 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 October 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles E Butler

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* one *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 87 Montgomery St.

Cause of Death, First, (Primary,) Typhoid Malaria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Oct. 13th 1882

Undertaker, Saml. W. Glass

Place of Business, 125 S. Howard St.

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

L. D. DYER M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

20 **Board of Health, City of Baltimore,**

Permit No. 60585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed. M. Dorsey

Sex, Male or Female, {cross out the word not required in this line.} M

Age, ... *Years,* Thirteen *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 62 Wilmot Alley

Cause of Death { First, (Primary,) Inanition
, { Second, (Immediate,) "

Duration of last Sickness, twelve hours.

All the above information should be furnished by the Physician.

Place of Burial, Howard County,

Date of Burial, Oct 12 1882

Undertaker, William Mounger

Place of Business, No 62 East St

Lucian Buchanan M. D.
Medical Attendant.

Address, 152 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60586 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* (about) ~~Days.~~

Color W

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 357 Vine St

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,) Asphyxia

Duration of Last Sickness

All the above information should be furnished by the Physician.

Place of Burial, W. Est. Pub. Comty

Date of Burial, Oct 11/1882

Undertaker, Fr. A. Kuehner

Place of Business. 150 S. Carrollton Ave

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6858 / *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmaline Baurgett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 80 Booth St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Apoplexy

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 13th

Undertaker, F. N. Troll

Place of Business, #131 Hanover *Address,* 327 Hanover

W. F. Phillips M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 60384 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 12 1882

CERTIFICATE OF DEATH.

Date of Death, 8th Oct 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Tobin Hamburg

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 320 Mosher St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 or 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Loud Park

Date of Burial, Oct 12

Undertaker, C. M. Blizzard

Place of Business, 198

G. K. Jaquin *M. D.,*
Medical Attendant.

Address, 320 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 6 0 6 8 9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dowden

Sex, Male or Female, {cross out the word not required in this line.} Fe.

Age, 70 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Union St. Court

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Asthenia

Duration of last Sickness, Two Yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 13

Undertaker, Ed Mason

Place of Business,

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

Board of Health, City of Baltimore,

Permit No. 605 20 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* —— *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 1060 Walker St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Calvert County

Date of Burial, October 14

Undertaker, Hercules Ross

Place of Business, 95 Lombard St

Geo S Blake M. D., Medical Attendant.

Address, 168 Race St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60591 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoph Rau

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* 10 *Months,* 3 *Days.*

Color, White

Married, ~~Single~~ ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany, Eighteen weeks in U.S.

Duration of Residence in the City of Baltimore, Eighteen weeks

Place of Death, {Give street and number.} 21 Burrough St

Cause of death, First, (Primary,) Cerebral Debility -

Second, (Immediate,)

Duration of Last Sickness I attended Mr. R. for four days - found him in a dying condition - has had Headache.

All the above information should be furnished by the Physician.

Place of Burial, Fleet St

Date of Burial, Oct 13

Undertaker, C & J Krause

Place of Business,

L. B. Lacette M. D.,

Medical Attendant.

Address, Fortune & Johnson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60592 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elly Oberg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 33 Cannon St

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Oct 13th 92

Undertaker, G. Frazer

Place of Business, 1311 Bunts & Maple Ave (*Address.*)

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60593 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th October 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Weber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} Corecostreet 41

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Com

Date of Burial, Oct 13th 82

William Henkel M. D., Medical Attendant.

Undertaker, G. Franco

Place of Business, Dank & Wolf *Address,* S. Wolfe str. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60594 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hetzel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* / *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 223 S. Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Supposed Closure of Valve of Heart

Duration of Last Sickness, 1 day

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 14th 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts

Theodore Gerhard M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

17

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th Month 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizer B. Rose.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Dec. Last

Place of Death, {Give street and number} No 482 Light St

Cause of Death First, (Primary,) Inflamation Bowels

Second, (Immediate,)

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 16th Oct. 1882

W Riley M. D.
Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, 75 N. Charles *Address,* 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6056 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mand Ethelyn North

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 274 E. Fait St.

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of Last Sickness, 21 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 13. 1882

Undertaker, M. A. Daiger

Place of Business, Home 74 S. Bway, *Address,* 274 E. Baltimore St.

C. C. Burr M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

Board of Health, City of Baltimore,

Permit No. 60097

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Focke

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 6 *Years,* 8 *Months,* 3 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 283 East Baltimore St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diptheritis

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct. 14. 1882

Undertaker, M. A. Barger

Place of Business, 74 S. Bway

Jas C Bevington M. D.
Medical Attendant.

Address N.E. Cor Broadway & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 60598 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles G Seele

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* 10 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 161 Little Grant St

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Marasmus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 14

Undertaker, J. Koehler

Place of Business, ... *Address,* 158 Hanover

E. A. Kelly M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

17

Permit No. 60599

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Doyle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 2 Leonards Ct

Cause of Death, First, (Primary.) Laryngeal Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 14th 13

Undertaker, P. Flaherty

Place of Business, 52 West St

Jos Coale M.D.,
Medical Attendant.

Address, 513 Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Revised Code of Ordinances of 1893

Board of Health, City of Baltimore,

Permit No. 60600 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Watts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} E. S. Woodward

Cause of Death, First, (Primary,) Phthisis Pulm

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 14th 1882

Undertaker, Wm. J. Fickner

Place of Business, 66 S. Eutaw St *Address,*

Geo. Ryan M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60 601 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bunning

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 169 Hanford Ave

Cause of death, First, (Primary,)

Second, (Immediate,) Ventilation Meningeal Complication

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St Agnes R C Cem

Date of Burial, Oct 14, 1882

Undertaker, Henry Kreck

Place of Business, 309 Central ave *Address,*

Wm Wohlrab M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Returns Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 60602 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Schenka

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 42 & 2 Canton ave

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green

Date of Burial, Oct 14

Undertaker, C Sauder

Place of Business,

Geo. W. Benson M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 60603 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octr 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert L Wood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md (Balt. co)

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 21 Williamson pl

Cause of Death, First, (Primary,) Cerebral Paralysis

Second, (Immediate,) Coma

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Friendship Anne Arundel Co. Md.

Date of Burial, October 15th

Undertaker, P. N. Troll.

Place of Business, #131 Hanover St *Address,* 318 Lee 88

R. H. Elles M. D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 60604 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm E Longden

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 19 *Years,* 1 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Produce Dealer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and Number. } 578 Caroline St

Cause of Death, First, (Primary,) Acute Dysentery

Second, (Immediate,)

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Rosedale 12th Dist Balto County

Date of Burial, October 15th 1882

Undertaker, George Schilling

Place of Business, Ashland Symar

R M Cattell M. D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore, 18

Permit No. 6665 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Ritz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* *Days,*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 16 mts

Place of Death, {Give street and Number.} 22 Watts

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Laurel Cemetery

Undertaker, ~~Oberlin Hilbert~~

Place of Business Belvidere St

C. H. Ellis M. D.,
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60606 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BOARD OF HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

Date of Death, October 13. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H Reed

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 46 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Hatter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, His Entire Life time

Place of Death, { Give street and Number. } 126 Barre St

Cause of Death, First, (Primary,) Malarial fever

Second, (Immediate,) Typhoid fever

Duration of Last Sickness, about five weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 16th 1882

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Dr Hammond Irvin M.D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimore,

Permit No. 60607 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct, 13th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Bachler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... 5 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city,

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 179 S. Bethel St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels

Date of Burial, Oct. 14th

Undertaker, Jacob Bucher

Place of Business, 224 Canton Av.

John H. Kelbeyn M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married of single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Sanitary Duties and to Rules of Practice on the

Board of Health, City of Baltimore,

Permit No. 60609

Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Guess,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 130 Gough st

Cause of death, First, (Primary,) Accidently took concentrated lye, they say.

Second, (Immediate,) ~~Syphilis~~ Enteritis. Marasmus. Exhaustion

Duration of Last Sickness, About 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Public Ground

Date of Burial, Oct 15 1882

Undertaker, Wm Tiedeman

Place of Business, 231 Aliceanna st

A. V. Gourrier M. D.,

Medical Attendant.

Address, 253 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No. 60809

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie A. Wise

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth} St Mary's Co. Md.

Duration of Residence in the City of Baltimore, 4 Day, on a Visit

Place of Death, {Give street and number.} 96 Johnson St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Pulmonic

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Co

Date of Burial, Oct 15th 1882

Undertaker, Undertaking Comp'y

Place of Business, 463 Light St

C. D. Stobb M.D.,
Medical Attendant.

Address, 50 Warren Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60610 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th of Oct. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Rothmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Railroad Hand

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria (Germany)

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give street and Number.} 85 N. Appleton St

Cause of Death, First, (Primary,) Old age; Rheumatism Prostate trouble

Second, (Immediate,) Paralysis of heart

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial. St. Alphonsus Cem.

Date of Burial. Oct. 14 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St. *Address,* 120 Park St Balt

H. H. Helmann M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60611 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Donaldson Lowry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* ~~11~~ 0 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, U. S. Steamboat inspector

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 314 N. Carolina St.

Cause of Death, First, (Primary,) Cerebral Apoplexy

Second, (Immediate,) Paralysis

Duration of Last Sickness, 10 3/4 hours

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cem.

Date of Burial. Oct. 15. 1882.

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Lay St. *Address,* 305 N. Carolina St.

Geo. A. Hartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 60612 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Tracker

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 1 *Years,* 2 *Months,* ——— *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } [redacted] Belaire ave

Cause of Death, First, (Primary,) Typhus

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St Aloysius Home

Date of Burial, Oct 14th 1882

Undertaker, A Kohler

Place of Business, 244 E. Lombard *Address,* 245 E. Baltimore

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60613 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad W. Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 9 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 7. 9. & 7.

Place of Death, {Give street and number.} 119 & Cross st.

Cause of death, First, (Primary,) —

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Lauelon Park C

Date of Burial, Octob 14

Undertaker, B. Hucks

Place of Business, 62 West St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Barre

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60614 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

Date of Death, Oct 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Frederick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 11 *Months,* — *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 82 West St

Cause of Death, First, (Primary,) Malarial Fever & Scrofula

Second, (Immediate,) Chronic Diarrhea

Duration of Last Sickness, 6 months

At the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial. October 15

Edward Cooke M. D.,
Medical Attendant.

Undertaker, B. Heath

Place of Business, 82 West St Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Atten[illegible] Physician is respectfully invited

Board of Health, City of Baltimore,

Permit No. 6015 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Grober

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and Number.} 106 Lancaster Street

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, Oct. 14th 1892

Undertaker, Wendel Dispel

Place of Business, 157 E. Bond St.

Geo. H. Penn M. D., Medical Attendant.

Address, Com. of Health's Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60616 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Vodery

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

~~Color,~~ Colored -

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne's County Md -

Duration of Residence in the City of Baltimore, Five Years.

Place of Death, {Give street and Number.} 211 S. Bethel Street -

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever.

Duration of Last Sickness, One Week -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 16th 1882

Undertaker, J. G. Lochs

Place of Business, 173 Jefferson

A. L. Dashiell Jr. M. D., Medical Attendant.

Address, 207 S. Broadway -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6067 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Franklin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 40 *Years,* ..... *Months,* ..... *Days,*

Color, ed

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ann Arundel Co Maryland

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and Number.} 75 East st

Cause of Death, First, (Primary,) Childbirth

Second, (Immediate,) Childbed fever

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fpsbury Cemetery

Date of Burial, Oct 16th 1882

Undertaker, J. J. Locke

Place of Business, 73 Jefferson *Address,* 124 n Eutaw

E. C. Baldwin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60618 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th. October 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Engelhardt

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} S. Durham Street 295.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Angina maligna

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, October 17th 82

Undertaker, C. C. Schultz

Place of Business, 265 Alice Anne

William Henkel M. D. Medical Attendant.

Address, S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of

7
Permit No. 60619

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Welch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 14

Undertaker, H Schultheis

Place of Business,

S. O. G. Woodman M.D.,
Medical Attendant.

Address, St. Josephs Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60626 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A Eelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 21. Saratoga St

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart disease

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, East Balto Cemetery

Date of Burial, Oct 15

Undertaker, M Coleman

Place of Business,

J G Connolly M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60621 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Hamill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland. To Balt. 29 years

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} No 170 S. Pendrae av.

Cause of death, First, (Primary,) Chronic Alcoholism

Second, (Immediate,) Bright's dis of Kidneys

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 16/82

Undertaker, M. F. Curran

Place of Business, 53 S Broadway

D D Intemann M. D.,
Medical Attendant.

Address, 12 S. Eden,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60622 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Sahnka

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} .....

~~*Occupation,*~~ .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 420 Canton Ave

Cause of Death, First, (Primary.) [redacted]

Second, (Immediate,) Meningitis (Acute)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial. Oct 16th 1882

Undertaker, W. Saunders & Co

Place of Business, 252 Canton Ave

Thomas P. Evans, M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60623 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ October 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Willet Augustas Erney~~ Willet Augustas Erney

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* 9 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 95 Battery Av

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Trismus

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 18 82

Undertaker, Amoss & Denny

Place of Business, No 263 Light St

F. Kelly M. D.,
Medical Attendant.

Address, 153 Lancaster

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60624 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } infant Schneider

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 5 min *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 9 Henrietta

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Oct 14

Undertaker, C J Krause

Place of Business,

Geo. A. Denson M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60625 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT OCT 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 5 my Raven Ch

Cause of Death,
First, (Primary,)
Second, (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial. Oct 14

Undertaker, Geo W Perkins

Place of Business 130 Henrietta

Theodore Bartz M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 60626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijo G. Martin,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Mulatto, *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 11 Parrish Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 18 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 14th 1882

Undertaker, W.H. Bishop

Place of Business, 97 Druid Hill Ave

J. L. Ingle M. D.
Medical Attendant.

Address 247 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 60627 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant (Fields)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 minutes ~~*Days,*~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 3 Shute Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 3 Shute Street

Cause of Death, First, (Primary,) Unnatural presentation

Second, (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 13th

Undertaker, C. H. Eyles

Place of Business,

D. C. Mayer M. D.,
Medical Attendant.

Address, 170 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

Permit No. 60628 *Office of Registrar of Vital Statistics.* Ward 6

OCT

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Stamm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, / *Years,* 10 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Belair Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Oct 16

Undertaker, Lee Schilling

Place of Business,

Geo. R. Benson M. D.,
Medical Attendant.

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

TIFICATE OF DEATH.

28 (To be Retained by Physician.)

Death, October 14, 1892

Deceased, Charles Stamm

le or Female,

22 months 4 days

White

ion,

ace, Baltimore City

n of Residence in B. C., Life

of Death, Belair Road

of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Eclampsia

n of Last Sickness, One day

REMARKS

W. F. White, M.D.

324 N. Broadway.

60628

see following certificate

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Reporting Period, and to List of Diseases on back of this Certificate.

H 60629

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 60629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H Iserman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} #6. Bruce Court

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.) Consumption

Duration of Last Sickness, fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Lowe Cemetery

Date of Burial, Oct 14 1882

Undertaker, Wilson Monroe

Place of Business, No 62 Exeter St

C. W. Bell, M.D.,
Medical Attendant.

Address, Cor. 422 & Stevens Alley

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60630 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucy Miller

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 76 *Years,* — *Months,* — *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 76 Years

Place of Death, { Give street and Number. } #202 Sulli's St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lapel Cemetery

Date of Burial, Oct 14 1882

Undertaker, Wilbur Undertaker

Place of Business, No 62 East St Address,

Geo H Dean M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Jos W Fitz Patrick

OVER.

Board of Health, City of Baltimore,

Permit No. 60631 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 14 1887

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Gist

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No. 37 East St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Oct 15th 87

Undertaker, G. Pfaner

Place of Business, Bank & Holl *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

7

Board of Health, City of Baltimore,

Permit No. 60632

Office of Registrar of Vital Statistics.

OCT 1882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Eberle

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 15 1882

Undertaker, H. Frank

Place of Business, 99 Saratoga St

S. P. G. Hoffman *M.D.,*
Medical Attendant.

Address, St Joseph's Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6

Board of Health, City of Baltimore,

OCT 14 1882

Permit No. 60683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Crook.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 446 E. Chase St.

Cause of Death, First, (Primary,) Old Age.

Second, (Immediate,)

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 16th 1882

Undertaker, John Meacher

Place of Business, No 150 Canal

John F. Wilke M. D.
Medical Attendant.

Address, 342 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

9

Board of Health, City of Baltimore,

Permit No. 66634

OFFICE OF REGISTRAR OF VITAL STATISTICS.

OCT 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Gorman.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married.

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Glascow Scotland

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number.} 72 Centre Market Space

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Carbuncle.

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mama Cemetery

Date of Burial, Oct 16 1882

Undertaker, James S Byrne

Place of Business, NE Cor Gilmor

Jno. E. Lowth M. D.
Medical Attendant.

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60635 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Sweeny

~~Sex~~, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 118 Scota St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two Years

All the above Information should be furnished by the Physician.

Place of Burial, Bone Bray

Date of Burial, Oct. 16

Chas C'Donovan *M. D.,*
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6686

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 15 1882 BALTIMORE, MD.

Date of Death, Oct. 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inga Penner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 211 S Ann St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial German Unitat Cemetery

Date of Burial, Oct. 15th

Undertaker, Wm. Nicolaus

Place of Business, 253 Aliceanna

James E. Donnell, M. D., Medical Attendant.

Address, 99 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 60687 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13- 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Jackson

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... 7 *Months,* ..... *Days,*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 13 L. Bethel st.

Cause of Death, First, (Primary.) double pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 days.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15th 1882

Undertaker, S. F. Locke

Place of Business, 673 Jefferson st *Address,* 3 N. B'way.

P. G. Daniel M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

19

Permit No. 60638

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 15 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Octr. 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie C. Cutino

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ——— *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and number.} 316 N. Gilmor St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) " "

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carlman

Date of Burial, Oct 15 1882

Undertaker, Hus P Bjare

Place of Business, Front St

J. H. Christian M.D.,
Medical Attendant.

Address, 431 Lemmon Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rules on Back of this Cer.

Board of Health, City of Baltimore,

Permit No. 60639 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 16 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct, 14th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenie Sebulska

Sex, Male or Female, {Cross out the word not required in this line.} Famale

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and Number.} #99 Thames St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Three Days,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Oct 15 82

Undertaker, W Dugal

Place of Business, 1 Bond 157

John C Kehlberger M. D.,
Medical Attendant.

Address, 242 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...back of this ...

Board of Health, City of Baltimore,

Permit No. 60640 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 15 1882

CERTIFICATE OF DEATH.

Date of Death, Oct 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Blunden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and Number.} 537 Penna Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Oct. 15th 1882

Undertaker, Samuel H. Chase

Place of Business, 19 S. Howard St

Rawlins M. D.,
Medical Attendant.

Address, 31 ½ Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6066 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 15 1882
BALTIMORE, MD.

Date of Death, Oct 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Houck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 114 Marshall ave

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Congestion of the Brain

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, October 14

Undertaker, Bernhard Mark

Place of Business, 82 West Fay. *Address,* 146 Hanover st

Gordon Cotton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60642 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 15 82

Date of Death, Oct 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Hopkins

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Cor Hanover & Lancaster Sts

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) "

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Oct 15th

Undertaker, G. Frazer

Place of Business, Bank & Wash Address, Carton near Hanover St

J. H. Martin M. D.,
Medical Attendant.

McKeon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

2

Board of Health, City of Baltimore,

Permit No. 60643

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 15 1892 BALTIMORE, MD.

Date of Death, 14th of October

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Krathi

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 1 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 195 Dallas Street Baltimore

Duration of Residence in the City of Baltimore, 1 year one months

Place of Death, {Give street and number.} No 195 Dallas Street

Cause of Death, First (Primary,)

Second (Immediate,) Diphtheritis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Oct 15th 92 Dr Charles Koerner *M. D.*

Medical Attendant

Undertaker, G. Thane

Place of Business, Bans & Wolfe *Address* No 214. S. Bond Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 6644 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 15 1892

CERTIFICATE OF DEATH.

Date of Death, 14th. October 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hafler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} Bank street 148.

Cause of Death, First, (Primary,) ~~Angina~~ Variola maligna

Second, (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. James's Cem.

Date of Burial, Oct 15th 92

Undertaker, C. Frames

Place of Business, Bank & Wolfe

William Henkel M. D., Medical Attendant.

Address, S. Wolfe 111.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60645 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 15 1892
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Hannon

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 9 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No. 13 Fountain St

Cause of Death, First, (Primary,) Cerebral

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity St Cemetery

Date of Burial, Oct 15 1892

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave

M. D.,
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 60646 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Mabel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Columbia Pa.

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and Number.} Nr Robert Near Nicholson

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Dropsy — as Sequel

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Oct 16th 1892

Undertaker, C F Krause

Place of Business, 209 Hanover *Address,* 1 L Bridge

L. Wilkins M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60647 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1882 OCT 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa In Waltze

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Guyandalle West Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 333 Hanover St

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 15th 82

Undertaker, C. F. Krause.

Place of Business,

J. H. Wiley M. D.,
Medical Attendant.

Address, 138 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60648 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 15

CERTIFICATE OF DEATH.

Date of Death, Oct 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Jr Boston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, BK

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 6 Hardens Ct

Cause of Death, First, (Primary,) Senility & inanition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 Wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 15

Undertaker, Hercules & Oss

Place of Business, Monument St *Address,* 213 Light St

R. S. A. Coles M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

October 14-1882 #60649

Name of Deceased, Wm H. S. Jones

Age - 63 Years. Month Days

Sex, Male

Color White

Occupation Farmer

Birthplace Mathews Co. Va.

Duration of Residence in B.C. 8 Years

Place of Death 220 Lanvale St

Cause of Death { First; (Primary) Phthisis Pulmonalis
Second (Immediate) " "

Duration of last Sickness. 3 Years

Date of funeral
Oct 15
Mount Olivet
C H Blizzard
198 Lanvale

J H Christian M D
431 Penna. Ave.

HEALTH DEPT.
OCT 15 1882
BALTIMORE, MD.

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Board of Health, City of Baltimore,

Permit No. 60650

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 15 1882

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brown Harper.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ——— *Months,* ——— *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Agent.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Queen Annes Co. Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number.} S. E. cor. Division and Wilson.

Cause of Death, First, (Primary.) Typho - malarial fever

Second, (Immediate.)

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Albert

Date of Burial, Oct 15th

Undertaker, C. H. Bozzard

Place of Business, 201 Penna Ave.

R. H. Goldsmith M.D.,
Medical Attendant.

Address, Harlem av. Calhoun st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60657 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT. 16 1882 BALTIMORE

Date of Death, October 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Beyon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} 1856 Henry St. Ward, Balto

Cause of Death, First, (Primary,) Accidental Drowning

Second, (Immediate,) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial ~~Jos. Byrne~~

Date of Burial, Oct 15th 1882

Undertaker, Jos P Byrne

Place of Business, 63 Lexington

Dr. Beck M. D.,
Coroner Medical Attendant.

Address, 161 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60652 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Lee Frazier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 276 E. Lombard St.

Cause of death, First, (Primary,) Variola

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Eleven days.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, October 16th

Undertaker, Wendell Dippel

Place of Business, S. Bond st. 150 Jno. S. Lynch M. D., Medical Attendant.

Address, 151 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6063 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Donnelly

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 10 Hillen

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, Oct 16 1882

Undertaker, H Saunders Son

Place of Business, 202 Canton Ave

D. Shutt M. D.,
Medical Attendant.

Address, 84 Hillen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks on Death, and Rules of Duration on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Chew

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 17 *Years,* 4 *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chase's Station, Balto Co

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number} 67 S. Duncan Alley

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 4 or 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Chase Station

Date of Burial, Oct 16 1882

Undertaker, William T. Burgee

Place of Business, 62 East St

J. L. McPherson M. D.
Medical Attendant.

Address, 23 S. Chester St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 60655 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Gershcid

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 36 Lancaster st.

Cause of Death, First, (Primary,) Putrid sore throat.

Second, (Immediate,) Asphyxia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, October 15.th 1882.

Undertaker, Leonhard Feurer

Place of Business, 277 S. Bond st. *Address.*

G. G. Luck *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th Oct.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. DuBel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} No 147. N. Carey St

Cause of Death, First (Primary,) Fibroid growth of Bowels

Second (Immediate,) Inanition — Exhaustion

Duration of Last Sickness 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 16 1882

Geo T Mitchell M. D.
Medical Attendant.

Undertaker, Geo T Mitchell *Address* 198 W Madison

Place of Business, 530 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Shipley

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~X Years,~~ ~~Months,~~ 1 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 151 Mt Royal av.

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and number.} 151 Mt Royal av.

Cause of Death, { First (Primary,) / Second (Immediate,) } Morbus Caeruleus.

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 16 1892

E. M. Reed M. D.
Medical Attendant.

Undertaker, Wm Weaver *Address* 243 N. Fremont st

Place of Business, 202 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dill

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Forty eight *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, About Twenty years

Place of Death, {Give street and number.} N. W. Cor. Pratt & Caroly Streets

Cause of Death, First (Primary,) Pernicious Fever

Second (Immediate,) Congestion, - Viceral

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Oct 16th 1882

Undertaker, Jos B Cook

Place of Business, No 707 N Baltimore street

G. Ridgely Hammond M.D.
Medical Attendant.

Address N. E. Cor. Calhoun & Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

Permit No. 60659 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th October 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert S Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 8 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 60 China St.

Cause of Death, First, (Primary,) Tonsillitis in diathesis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Octo 15 1882

Undertaker, H Ross

Place of Business, 95 Conway St

L. D. Dyer M. D.,
Medical Attendant.

Address, 146 Hill St.

L. D. DYER M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

16 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th October 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Israel Waters

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Grain measurer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Easton, Talbot Co. Md.

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number} no 12 Runns court

Cause of Death, First, (Primary.)

Second, (Immediate,) General decay due to old age

Duration of last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, sharp st Cemetery

Date of Burial, October 15 1882

W. L. Sandrock M. D.
Medical Attendant.

Undertaker, W. Ross

Place of Business, 95 Conway st

Address, 227 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 60661 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 15 dy 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 2 Plum alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Diptheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 16 1882

Undertaker, Mr Ross

Place of Business, 95 Conway st

A. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Revised

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68662 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie M Wiechelm

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 494 Lexington st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 449 Malcham st

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Oct 16th 1882 Alexander Tinling M. D.

Undertaker, J. H. O'Donoghue Medical Examiner.

Place of Business, 320 Penna ave *Address,* Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is respectfully invited to the Memoranda Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 60663 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Fuchs

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 8 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 yrs 4 m

Place of Death, {Give street and Number.} 3 Lancaster

Cause of Death, First, (Primary,) Gastro Enteritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Oct 17th 1882

Undertaker, Kaufmann & Bartlett

Place of Business, 62½ W. Balto *Address,* 2 St Paul

J Thurston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60664 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10.16.82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 6 *Months,* 23 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 3/4 mos.

Place of Death, {Give street and Number.} 49½ Paul

Cause of Death, First, (Primary,) Confestion of Lungs

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va.

Date of Burial, Oct. 16th 1882

Undertaker, John Meagher

Place of Business, No 150 Canton Av

R. W. Eastman M. D.,
Medical Attendant.

Address, 849 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6665 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L. DeGaey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seventy three *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, Sea Captain

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 13 South Exeter St

Cause of Death, First, (Primary,) Hypertrophy of the Liver

Second, (Immediate,) Cholaemia

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, Oct 17th 1882

Undertaker, Thos. Haight

Place of Business, 60 Gold St *Address,*

Jno. Morris M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 3

Permit No. 60666 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Walker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 223. Mulliken St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Marasmus.

Duration of Last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 16 1882

Undertaker, Wilbur Dorsey

Place of Business No 62 East Pratt

J. J. Groh. *M. D.,*
Medical Attendant.

Address, 137 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60667 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Buckman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 831 W Balto st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 17 Oct.

Undertaker, J. H. Kier

Place of Business, 838 W Pratt st.

James Dooley M. D.,
Medical Attendant.

Address, 319 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

Board of Health, City of Baltimore,

Permit No. 68668

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McCluskey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 18 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 347 Cathedral St

Cause of Death, First, (Primary.) Difficult dentition

Second, (Immediate.) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct 16th 1882

Undertaker, Chas. Sumwn

Place of Business, 271 N Eutaw St

Jno. G. Jay, *M.D.,*
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Delia Stanley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* female

Married, ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, Store keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland about 20 years in U.S.

Duration of Residence in the City of Baltimore, About 20 years

Place of Death, {Give street and number.} Chas. St cor 27

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Asthenia

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 17th 1882

D. Morris Murray M. D.
Medical Attendant.

Undertaker, Chas F Scriven

Place of Business, 271 Eutaw

Address 108 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 60670 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

Date of Death, Oct 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Foden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 40 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Starvation & Exposure.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, E P Cem

Date of Burial, Oct 16

Undertaker, M Coleman

Place of Business,

Chas Frank M. D.,
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 9677 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Patterson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 63 Plum alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 16 1882

Undertaker, Th Ross

Place of Business, 95 Conway St

R. H. Hall M. D.,
Medical Attendant.

Address, 962 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68672 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C. Knoucke

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* 4 *Days,*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Years.

Place of Death, {Give street and Number.} 246 Alicanna St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of Stomach -

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Evangelic Cem

Date of Burial. Oct 16 1882

Undertaker, H Sanden Sons

Place of Business, 202 Caroline

Nicholas L. Dashiell, M. D., Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11

Board of Health, City of Baltimore,

Permit No. 60673

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Guard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Clergyman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 150 Park Ave Balto

Cause of Death, First, (Primary.) Calculus of Bladder

Second, (Immediate.) Gluteal Nervous prostration following the operation of Lithotripsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Oct 17th " 1882

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 85 Park Ave.

Alan P. Smith, M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6074 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 14 Main St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 16th 1882

Undertaker, G. E. Lockey

Place of Business, 73 Pelham

Medical Attendant. M. D.,

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60616 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Kriegelstein

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* 11 *Months,* *Days,*

Color, white

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} No 169 Lexington Ave

Cause of Death, First, (Primary,) Pneumonia and

Second, (Immediate,) Pulmonary Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial. Oct 17 82

Undertaker, G Thanz

Place of Business, 7 Bank St Address, 169 N. Charles St

Henry Salzer M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60676 COPY . Ward 6

The Physician who attended a for the of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice C Brandow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 528 Chase St

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Marys Co
Date of Burial, Oct 16
Undertaker, J W Jackson
Place of Business, ...

Geo. H. Denson M. D.,
~~Medical Attendant.~~
Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

—OF—

IFICATE OF DEATH.

60676

(To be Retained by Physician.)

See following certificate

h, Oct 16 82

ceased, Alice Brand

Female,

21 years

St. Marys Co.

Residence in B. C., 3 years

eath, 528 E. Chase St.

ath, First, (Primary,) Typhoid Fever
Second, (Immediate,)

Last Sickness, 9 days

REMARKS.

W. W. White M.D.
34 N Broadway

Permit No. 6867

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE OCT 16 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. McKenna.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 61 Hester alley

Cause of death, First, (Primary,) Diphtheria. Thro. Child dressed by

Second, (Immediate,) Physician under 8 P.M. Called and found patient asphyxiating at 7.15 P.M. no

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 16 1882

Undertaker, James D Byrne

Place of Business, W 63 h Fremont

Gerard Rumbrill M. D.,
Medical Attendant.

Address, 63 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6067 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Vincent Kelly

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... 2 *Months,* 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 18 Stiles st.

Cause of Death, First, (Primary,) meningitis

Second, (Immediate,)

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 16 1882

Undertaker, James P Byrne

Place of Business, 1116 3 Fremont

P. G. Dausel M. D.
Medical Attendant.

Address, 3 N. B'way.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 60679

Office of Registrar of Vital Statistics. 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th Oct 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta E Wolf

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 164 Johnson St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Diptheria.

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 17th Oct. 1882

Undertaker, B. Harley

Place of Business, 69 West St

A. N. Dodge M.D.,
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 60688

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT. 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward J. Morgan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 *Years,* 6 *Months,* — *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 46 Parkin St

Cause of Death, First, (Primary.) Malignant Diptheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Oct 17th 1882

Undertaker, Denny & Hutchins

Place of Business, 62 & 64 Broadway

A. W. Colburn M.D.,
Medical Attendant.

Address, 343 W. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60681 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Maggie L. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} x x /

Occupation, x x /

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} N. W. Cor. Spring & Madison

Cause of Death, First, (Primary,) Marasmus -

Second, (Immediate,) .....

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 16 to 17 1882

Undertaker, John Heverin

Place of Business, 382 Orleans St

James C. Donnelly M. D., Medical Attendant.

Address, 196 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 7:30 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael V. Finn

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 29 *Years,* ~~ *Months,* ~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 172½ East St.

Cause of Death, First, (Primary.) Bright's disease of the Kidneys

Second, (Immediate,) Toxaemia

Duration of last Sickness, about ten days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Cathedral

Date of Burial, Oct 18th 1882

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St

Christopher Johnston M.D.
Medical Attendant.

Address, 82 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Williams

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer (Paint'r in Stove)

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick City, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 27 N. Church St

Cause of Death {First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Asthenia

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, October 16th 82

Undertaker, Jno Jordan

Place of Business, 120 Park Ave

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60684 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth W Brow

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 1 8 *Months,* ——— *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 443 S Carey St

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 18

Undertaker, Meeth & Shields

Place of Business, 60 N Carrollton ave

Thomas Opie M. D.
Medical Attendant.

Address, 39 N Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

15

Permit No. 60685

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hoe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 20 Hamburg St

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 19th of October

Undertaker, B. Hall

Place of Business, 4 & West St.

C. B. Noble M.D.,
Medical Attendant.

Address, 55 Warren Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Returns below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60686 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 17 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hans Younger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6½ hrs *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 656 S Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 17

Undertaker, B Hale

Place of Business,

Chas H Dunn M. D.,

~~Medical Attendant.~~

Address, Corner of Hudson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carlotta Lourey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 63 St. Paul St.

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,) Apnea —

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount J. Edwin Michael M. D.

Date of Burial, Tuesday Oct 17 Medical Attendant.

Undertaker, J. H. McClure Jr

Place of Business, 227 N. Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the Remarks Below, and to Rules & Penalties on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60688 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 56 Pig alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 17

Undertaker, Geo W Perkins

Place of Business,

Geo. H. Bunn M. D.,

~~Medical Attendant.~~

Address City Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

16 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wilson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} bo Dovereth

Duration of Residence in the City of Baltimore, all with life

Place of Death, {Give street and number} bo Doverth

Cause of Death First, (Primary,) Cold

Second, (Immediate,) Cough

Duration of last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Shark St

Date of Burial, Oct 17th 1882

Dr: E. Cluett M. D.
Medical Attendant.

Undertaker, Sam'l A. Chase

Place of Business, 198 S. Howard St *Address,* 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

6669 0

Permit No. 67

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Bauer Daily.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 144 N. Carrollton av.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Septicemia

Duration of Last Sickness, about 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct. 17th 1882

R. H. Goldsmith, M.D.,
Medical Attendant.

Undertaker, Wm. Hickman

Place of Business, 234 N. Gay St *Address,* Harlem av. Calhoun

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6067 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male —

Age, 22 *Years,* 9 *Months,* 25 — *Days.*

Color, white —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sail —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt —

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 277 N. Anne —

Cause of Death, First, (Primary,) Phthisis Pulmonalis —

Second, (Immediate,) asthenia

Duration of Last Sickness, 4 yr. —

All the above information should be furnished by the Physician.

Place of Burial, Balto. cem.

Date of Burial, Oct. 17th 1882

D. Sheall M. D.

Medical Attendant.

Undertaker, Wm. Hickman

Place of Business, 234 N. Gay St *Address,* 148 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Reasons for Delay on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6672 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* —— *Months,* —— *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 60 Wilkens St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 Days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, October 18

Undertaker, Hercules Ross

Place of Business, 751 Lonaw'y. Ave *Address,* 168 W Fayette

Robt S Luke M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60693 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5-2 *Years,* 7 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} # 35 Forrest st

Cause of Death, First, (Primary,) Stomatitis

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Dallas St Cemetery

Date of Burial, Oct 17th 1892

Undertaker, J Loch

Place of Business, #73 Jefferson *Address,*

J Edmund Gorsuch M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 66694 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Starkloff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 Years, 9 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Coppersmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, {Give street and Number.} 147 Barre St.

Cause of Death, First, (Primary,) Dysentery,

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One wk about

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Oct 18/82

Undertaker, Rauch & Ballell

Place of Business, 62½ W. Balt St. *Address,* 281 S. Charles St.

Jno H Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60695 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter B Cromwell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* 8 *Months,* 26 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cecil Co

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 790 W Pratt St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct. 17 1882

Undertaker, J B Cook M. D., Medical Attendant.

Place of Business, 707 W Balto St *Address,* 168 N Eutaw

Revised

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 60696 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mineine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} House of the Good Shepherd

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Helens Cemetery

Date of Burial, Oct 17th 1882

Undertaker, J. B. Cook

Place of Business, 707 W Balto

Edw F. Michael M. D.
Medical Attendant.

Address 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

40 Cook

Board of Health, City of Baltimore,

Permit No. 6067 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Scheuring

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and Number.} No 120 E Lexington St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 17. 82

Undertaker, Philip J. Dilee

Place of Business, 183 Columbia

Chas. Baldwin M. D., Medical Attendant.

Address, 166 E Pacant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60698 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Farrell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Cor Alice Anna St & Broadway

Cause of Death, First, (Primary,) Hypertrophy of Heart

Second, (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet

Date of Burial, October 18th

Undertaker, W. Clark & Son

Place of Business, 9 N. Amity *Address,* 67 East Balto St

Chas M. Morfit M. D.,
Corner E. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60699 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Stolinski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two Years four Months

Place of Death, {Give street and number.} 47 President Street

Cause of death, First, (Primary,) Diphtheria Croup

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician,

Place of Burial, Emmanuel Cemetery

Date of Burial, October 18 77

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline st

C. H. Thomas M. D.,
Medical Attendant.

Address, 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

~~Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 10 on Back of this Certificate.~~

Board of Health, City of Baltimore,

Permit No. 60701 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Ford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 11 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 100 N. Caroline st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Mt E Cemetery

Date of Burial, Oct 17 82

Undertaker, Fry & Ray

Place of Business, 81 W Pratt

J. J. Smith M. D.
Medical Attendant.

Address, 137 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60701 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th. October

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Fichal

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} Cambridge street 17.

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,)

Duration of Last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, E. Oden

Date of Burial, Oct 17

Undertaker, M. Coleman

Place of Business,

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...possibly marked in the Remarks below, and to List of Diseases on Back of This Certificate.

13 Board of Health, City of Baltimore,

Permit No. 60702 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday Oct 16th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthelta Downey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 8 *Months,* 16 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, /

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 99 Chaderton

Cause of Death, {First (Primary,) Tuberculer Meningitis / Second (Immediate,)}

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt Par[illegible] Cemetery

Date of Burial, Oct 17th 1882

Undertaker, Saml C. Chase

Place of Business, 198 S. Howard St.

Hugh Nelson M.D.
Medical Attendant.

Address Balto & Calhoun S.E. cor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Lists of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60702 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward A. Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, about 18 Years

Place of Death, {Give street and Number.} # 51 Lombard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Harp St Cemetery

Date of Burial, Oct 17th 1882

Undertaker, Jno. W. Chase

Place of Business, 198 S. Howard St

Dr. Street M. D.,
Medical Attendant.

Address, 161 So Thurston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60784 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kanjorsky

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 271 Alice Anna St

Cause of Death, First, (Primary,) Internal Convulsions

Second, (Immediate,)

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Graveyard

Date of Burial, October 17 - 40 clock P.M.

Undertaker, John Brown

Place of Business, 224 S. Bethel Street

John H. Kehberger M. D., Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60705 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Grover

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 1 E. Pratt St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate) Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Stone Chapel Burial Grounds

Date of Burial, Oct. 18th 92

Undertaker, G. Frame

Place of Business, Pratt & Wolfe *Address,* ..... *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 60706 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Crane

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 8 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 20 S Bond St

Cause of Death, First, (Primary,)

Second, (Immediate,) Colic Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, Oct 18th 82

Undertaker, G. Crane

Place of Business, 6 Bank & High Address, 98 Bond St

E. J. Shinn *M. D.*, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 60707 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16 1892

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Finke

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 44 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 1 Dr Buchanan's Court

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) .....

Duration of Last Sickness, ...

At the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Oct 18 1892

Undertaker, G. Francis

Place of Business, Bank & Holl

..... M. D., Medical Attendant.

Address, 113 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60108 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Enkler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 422 Canton Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Dysentery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn

Date of Burial, Oct 17

Undertaker, H. Saunders

Place of Business,

Chas. W. Dixon M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60709 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 17 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15, 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Tierney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} + 6 Dodon av

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St. Peters Cemetery

Date of Burial, October 17th 1892

James Boyle M. D.,

Medical Attendant.

{*Undertaker* Mrs P. Kimmett

Place of Business, 311 Mulberry St} *Address,* 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60710 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Capol,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 29 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Eighteen months,

Place of Death, { Give street and Number. } Philbe. Road,

Cause of Death, First, (Primary,) Variola, confluent)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, E. Balto. Public Cemetery

Date of Burial, Oct 17

Undertaker, Wm Coleman

Place of Business, 11 Exch Hall

G. [redacted] Lusk M. D.,
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See following Certificate

...of Disease on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6077 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17/82

Full Name of Deceased, {Write legibly and spell correctly. If any Infant not named, give names of parents.} Frank Caspole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days,*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} Philadelphia Road

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, E & R Cemetery

Date of Burial, Oct 17/82

Undertaker, M. Coleman

Place of Business,

Geo. W. Simon M. D.,
Medical Attendant

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Geo E Boon Impld

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6077 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th — 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria L. Lee —

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 7 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Vincent's Infant asylum.

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and Number.} asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of Last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 18th 1882

Undertaker, Pat. Hunt

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6072 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Crawford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 1 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 369 Alice Anna St.

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 19th 1882

Undertaker, H. Sander & Son

Place of Business, 252 Canton Av *Address,* 117 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ly attention to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 6073

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abbie Kissner

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 24 Bennett St

Cause of Death, First, (Primary,) Burn

Second, (Immediate,) Blood Poisoning

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, 1st Evangelical Luth.

Date of Burial, Oct 18th 1882

Undertaker, H. Sanderlock

Place of Business, 252 Canton Ave *Address,*

J. H. Martin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 60714

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1932 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16 1932

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Curtis

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 6 *Months,* — *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} Head of

Cause of Death, First, (Primary,) Meningitis (?) I did not see child until after death but from parents description, supposed it to be meningitis

Second, (Immediate,) asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 18 -

Undertaker, Jacob Davis -

Place of Business, 103 Lee St -

Dr Scott M. D.,

Medical Attendant.

Address, 1489 E. Eutaw St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60715 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 12/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed Stallings

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 7 *Months,* 26 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kentucky

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 104 S Pulaski

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Malaria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, October 19th 1882

Geo D Blake M. D.,
Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harman S. Weaver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* — 2 *Days.*

Color, W *Sex,* M

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

~~Occupation~~, Butcher

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 y 6 m

Place of Death, {Give street and number.} St Vincents Hospital.

Cause of Death, First (Primary,) unknown

Second (Immediate,) Phthysis acute

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County. William Lee M. D.

Medical Attendant.

Date of Burial, October 18th

Undertaker, P. N. Troll *Address* Cor of Hoffman & Eutaw

Place of Business, 131 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6077 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Murkland

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Years,~~ *Months,* 17 hours *Days,*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 16 Cathedral Street,

Cause of Death, First, (Primary,) Premature birth at

Second, (Immediate,) 7 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 18. 1882

Undertaker, H W Jenkins & Son

Place of Business, 45 N. Charles.

H. H. Nelson M. D.,
Medical Attendant.

Address, 146 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

15

Permit No. 6078

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estelle Ford

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 2yr *Years,* 2 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~; { Cross out the word not required in this line. }

~~Occupation~~, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltor

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 289 E. Chas st

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, October 18 1882

Geo. W. Benson M.D.,

Medical Attendant.

Undertaker, H. J. Miller

Place of Business, Hamilton st *Address,* 114 Hanover st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6779 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 17/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lodge Colton Sewall

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... 11 *Months,* ..... 2 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and Number. } 86 S. Calhoun Ave

Cause of Death, First, (Primary,) Marasmus Pat

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Oct. 17, 1882

Undertaker, M. A. Dauer

Place of Business, 74 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68120 *Office of Registrar of Vital Statistics.* Ward 2nd.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Power.

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, Seven *Years,* *Months,* *Days,*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. John's N. B.

Duration of Residence in the City of Baltimore, Three years.

Place of Death, {Give street and Number.} 25 Thames Street.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria.

Duration of Last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Oct. 18. 1882

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

N. L. Dashiell Jr. M. D., Medical Attendant.

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6072 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Clark

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 78 N. Wolfe St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria.

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels B. Yd

Date of Burial, Oct. 19. 1882

Undertaker, M. A. Dauer

Place of Business, 74 S. Bway

Nicholas L. Dashiell, M. D., Medical Attendant.

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60922 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Eugenia King

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, 27 *Years,* 11 *Months,* 9 *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

~~Occupation~~,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 212 N. Fulton Avenue

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, — 18 Months —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Oct. 18. 1882

Undertaker, M. A. Daugherty

Place of Business, 74 S. Bway

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60123 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Phillips

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 10 Madeira Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial. Oct 18

Undertaker, G France

Place of Business,

Geo. W. Dixon M. D.,
~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Henry M McKeown [OVER.]

Board of Health, City of Baltimore,

Permit No. 60724 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Knight McCabe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} No 212 Maryland Ave

Cause of death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Govanstown Balto Co.

Date of Burial, 19th Oct. 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles *Address,*

Wm W. Whitridge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 60125

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15 16:

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Connor

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 9 *Years,* ~ *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} Cathedral St, Cathedral Mansion House

Cause of Death, First, (Primary,) Typhoid Malarial Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 18. 1882

Chris W. Johnston M. D.
Medical Attendant.

Undertaker, Henry M. Jenkins Son

Place of Business, 405 N. Charles

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 60126 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Reynolds -

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 5 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 132 Elliott St (Canton)

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, October 18th 1882

Undertaker, H. M. Gibney

Place of Business, 241 Canton Ave

N. Locke Dashiell Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60727 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Bransvath

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* ~ *Days.*

Color, M

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, abt 5 months

Place of Death, {Give street and Number.} Sherwood House

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial Oak Sebolam

Date of Burial, Oct 18th

Undertaker, Wm Eulau

Place of Business, 101 Gough st

Peter Morfit M. D.,
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 60728 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Meihe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 155 Burgundy alley

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Oct 18th 1882

Undertaker, Dieterick & Wiegand

Place of Business, 166 Druid Hill Ave

John Koff M. D.,
Medical Attendant.

Address, S.E. Cor Carrollton & Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60729 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 18 1917 BALTIMORE

Date of Death, Oct 15 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Crook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wood Cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Herring Bay Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} No 117 Ann St

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 15th

Undertaker, J J Ross

Place of Business,

Wm. H. Simon M. D.,
Medical Attendant.

Address City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth (as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Below, and of Each of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 8730 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berlie S Brooks

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 1 Cross alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Stasmus

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Oct 18

Undertaker, W R Dugue

Place of Business, ...

Geo. W. Dunn M. D.,
~~Medical Attendant.~~

Address, Con Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60131 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 18 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hinds

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 126 Lancaster St.

Cause of Death, First, (Primary,) Inan Pox

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, West st. Cem.

Date of Burial, Oct. 18th

Undertaker, W. Dippel

Place of Business, S. Bond st. 151

R. W. Mansfield M. D., Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60732 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Anna Friederich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 191 S. Wolf St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Oct. 18th

Undertaker, H. Lefevre

Place of Business, S. Bond st. 151

John H. Lehlbach M. D., Medical Attendant.

Address, 241 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60733 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bentrish

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* 20 *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Can factory Water Boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Multiple Fracture

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Oct. 19th

Undertaker, H. Dippel

Place of Business, S. Bond st. 151

F G Connelly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60784 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} Died in a Vehicle on the street on Eutaw St near Druid Hill Av

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 19 1882

Undertaker, Alf Hemsley

Place of Business Manchanet St

Alexander Tinley M. D.
~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 60765 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Steff Robbeson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 26 S Ann

Cause of Death, First, (Primary,) Cerebro

Second, (Immediate,) Menin

Duration of Last Sickness, nine days

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Oct 18th 82

D. L. Hunter M. D.,
Medical Attendant.

Undertaker, G. Franc

Place of Business, Bowl & Wolf *Address,* 491 Bradley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60736 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Barbara Helwing

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 238 S. Durham St.

Cause of Death, First, (Primary,) Diphtheria (Malignant)

Second, (Immediate,)

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem

Date of Burial, Oct 19 82

Undertaker, G. Franz

Place of Business, Pants & Wat

John A. Ketterlinus M. D.,
Medical Attendant.

Address, 243 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60737 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 18 1892 BALTIMORE

Date of Death, Oct 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Heldrich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Belvedere St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Oct 18

Undertaker, H L Redefield

Place of Business,

Geo W Benson M. D.,
~~Medical Attendant.~~

Address Cor Gilmor & Hunt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68738 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

Date of Death, Oct 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Przybilsky

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 499 Thames St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct. 18 82

Undertaker, W. Dippel

Place of Business, S. Bond st. 16

John H. Ladberg M. D., Medical Attendant.

Address, 243 Thames St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60737 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

Date of Death, Oct. 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Delaney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto - Co.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 2 Addison St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mary's cemetery Balto

Date of Burial, Oct 18/ 1882

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Chas Morton Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...provided to the Number Below, and to List of Diseases on Back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 68740

Office of Registrar of Vital Statistics.

Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H. Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 9 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give street and number.} No 12 Morris alley

Cause of death, First, (Primary,)

Second, (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem'y

Date of Burial, Oct. 18th 1882

Undertaker, W. H. Bishop & Co.

Place of Business, 97 D. Hill Ave.

Edw. Jansen M. D.,
Medical Attendant.

Address, 242 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2

Board of Health, City of Baltimore,

Permit No. 60741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 18th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Ross.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 5 *Days.*

Color, white

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 236 S. Ann Str.

Cause of Death { First, (Primary,) Dentitis difficilis
Second, (Immediate,) Spasmi ~~five day~~

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Oct. 19. 82

Robert Barton, M. D.
Medical Attendant.

Undertaker, Chandler Son

Place of Business, 252 Central

Address, 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

Permit No. 17 60742

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emory Wigand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 118 Marshall Avenue

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Oct 18

Undertaker, B. Hark

Place of Business, 82 West

O. A. Lake *M.D.,*
Medical Attendant.

Address, 513 Light

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ecessary Particulars Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60745 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Gardner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baer

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and number.} No 76 Albemarle

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Oct 19th 1882

Undertaker, James McGinnis

Place of Business, 43 Clowman

L O Underwood M. D.,
Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60744 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Eck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Eleven *Years,* two *Months,* ~~*Days.*~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} U

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} 46 Biddle st.

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Leed home

Date of Burial, October 19.

Undertaker, F. T. Stamm

Place of Business, 451 Franklin *Address,* 120 N. Greene st.

F. B. Gardner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60715 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 18 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. R. Musington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age,) *Years,* 3 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Aromac, W. Va.

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and Number.} 69 Bank St.

Cause of Death, First, (Primary,) membranous croup

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Oct. 20. 1882

R. W. Mansfield M. D.,

Medical Attendant.

Undertaker, H. Jander Son

Place of Business, 252 Canton Ave. Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 60716 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octr. 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia C. Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 661 W. Lombard St

Cause of Death, First, (Primary,) Strangulated Hernia

Second, (Immediate,) " "

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Oct 18

Undertaker, E. H. Blizzard

Place of Business, 19 W. Fayette

H. H. Christian M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60747 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. Co.

Duration of Residence in the City of Baltimore, 1 y 8

Place of Death, {Give street and Number.} 66 Hunn alley

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Octo 18

Undertaker, H Ross

Place of Business, Monument St *Address,* 913 Light St

Respectfully, [illegible] M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 60718 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary M. Meerdler

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 383, W. Pratt St

Cause of Death, First, (Primary,) Marasmus,

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 19th 1882

Undertaker, Geo Leimbach

Place of Business, 389 W. Pratt St

D. A. Bell M. D.,

Medical Attendant

Address, 161 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th: Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

Permit No 66749 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1892 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 17th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria.

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and Number.} 258 S. E. Lombard

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Marasmus (senile.)

Duration of Last Sickness, the last few yrs.

All the above Information should be furnished by the Physician.

Place of Burial, G. News Ch

Date of Burial. Oct 19 '92

Undertaker, Henry Koch

Place of Business, 304 N Pearl

G. A. Todhunter M. D.
Medical Attendant.

Address, 862 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the necessity [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60750 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud. J. Collins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* 17 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 162. N. Bond St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Oct 19 1882

Undertaker, Henry Poole

Place of Business, 230 N Pearl

J. F. Gwyn M. D.,
Medical Attendant.

Address, 162 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60757 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anton Wedmeyer

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 14 yrs in all

Place of Death, { Give street and Number. } 113 German

Cause of Death, First, (Primary,) Injuries - caused by falling from

Second, (Immediate,) a scaffold at 113 German st

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 19th

Undertaker, Henry Brick

Place of Business, ~~Pennsylvania Ave~~ *Address,* Corner

Alexander Finley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 60752 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dieterich Schnibbe.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73. *Years,* *Months,* *Days,*

Color, White –

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover, Germany. (50 yrs in U.S.)

Duration of Residence in the City of Baltimore, 50 years –

Place of Death, {Give street and Number.} 190 S. Eutaw St.

Cause of Death, First, (Primary,) Chronic Albuminuria.

Second, (Immediate,) Uraemia.

Duration of Last Sickness, 12 days –

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, October 19th 1882

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St.

R. J. N. Fall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60753 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~May~~ Jack Oct 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Zick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 1 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} Cor Albemarle & Pratt Sts

Cause of Death, First, (Primary,) Accidentally burned over by a

Second, (Immediate,) Wagon

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial Trinity Church Cemetery

Date of Burial, Oct 19th 1882

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Robt. H. Morfit M. D.,
Coroner Eb Medical Attendant.

Address, 62 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 60754

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 2 1892 BALTIMORE

Date of Death, Oct. 18th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Mews

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 18 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow (or Widower), {Cross out the word not required in this line.} Single

Occupation, Ind

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 67 Heller St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Heart failure {Membrane had completely covered throat and tonsils, condition of heart-valves unknown.}

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 19th 1892

Undertaker, Fenby, Hoch

Place of Business, 307 N. Eutaw

D. Sheets *M. D.,*

Medical Attendant.

Address, 148 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 60733 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 32 Bank Street

Cause of Death, First, (Primary,) Pseudo-membranous Croup

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 20th 1882

Undertaker, Henry W. Sears

Place of Business, 45 W. Fay St. *Address,* 45 W. Fayette

Wm F. Thane M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60756 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Eisel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 200 Pine Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Dropsy

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetry

Date of Burial, October 19. 1882

Undertaker, B. H. Carle

Place of Business, No. 82 West St

Bro. Lynch M. D.
Medical Attendant.

Address, 281 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

15/6075

Board of Health, City of Baltimore,

Permit No. 6075

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 19 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Coleman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} 103 Hanover

Cause of Death, First, (Primary.)

Second, (Immediate.) Small Pox

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 19

Undertaker, B. Hlenly

Place of Business, 82 West St.

C. C. Cook M.D.,
Medical Attendant.

Address, 52[illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68757 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Selma E. Hirschmann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* 17 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 49 S. Caroline St.

Cause of death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, October 20th

Undertaker, Fred Eade

Place of Business, 29 S. Caroline *Address,* 256 N Eden St

F. H. Ware *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Hutchinson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 22 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 163 Hudson St

Cause of Death, First, (Primary.)

Second, (Immediate,) Marasmus

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 20 1882

Jno C Benzine M. D.
Medical Attendant.

Undertaker, G. France

Place of Business, Bond & Wolf *Address,* E Cor Baltimore & Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 60760 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Pano

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~at~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Potomac St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 wks 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 19 82

Undertaker, G. France

Place of Business, Bank & Holliday *Address,* 256 N Eden

H. A. Warner *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible] Certificate.

Board of Health, City of Baltimore,

Permit No. 60761 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Mc Dowell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } No. 123 E. Chestnut St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Oct. 20th 82

Undertaker, G. France

Place of Business, Bank & Wolf *Address,* 320 Maryland Ave

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 1 60762

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th, 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. C. Mutterling

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 2 8 Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 410 Carlton Ave.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem

Date of Burial, Oct. 19th 1882

Undertaker, Leonard Kitz

Place of Business, 129½ S. Broadway

Dr. Geo. W. Luckett M.D.,
Medical Attendant.

Address, 128 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60763 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not named (John Doe) (fictitious name)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 123 N Stricker St

Cause of death, First, (Primary,) Pulmonary congestion

Second, (Immediate,) deficiency of heat

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Oct 19 1892

Undertaker, Henry Mitchell

Place of Business, 530 W Fayette St

H. F. Hill M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60764 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 18 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine S. Reed

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ~~Female~~

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ~~Widow or Widower~~

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 7 S. Wolf

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 20th

F. G. Connelly M. D.
Medical Attendant.

Undertaker, Wm. Nicolaus

Place of Business, 25 Alice Ann, *Address,* Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Blank...

Board of Health, City of Baltimore, 1/1/46

Permit No. 60765 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 2 1892

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick J. Lehmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* 1 *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 35 Wyler St

Cause of Death, First, (Primary,) Accidental falling

Second, (Immediate,) from Scaffold

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, October 21st

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw

L. A. Bell M. D.,

~~Medical Attendant.~~ Coroner

Address, ~~#~~ 161 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 18 - 1882 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Turner.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cabinet - maker.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 51 Years.

Place of Death, {Give street and number} 10 Fessier St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis -

Second, (Immediate,) Pulmonary Hemorrhage

Duration of last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 20 "1882

Undertaker, S. S. Chalmers

Place of Business, Penn^a ave.

Louis H. Knight M. D.
Medical Attendant.

Address, 112 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6767 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 2 1882 BALTIMORE

Date of Death, Oct 14th, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Kelly

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 46 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and Number. } 26 Bank St

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Dysentaria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 20 Oct 82

Undertaker, M. Clarke

Place of Business, 19 Light St *Address,* .....

J. Kelly M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Board of Health, City of Baltimore,

Permit No. 60768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Carson of John Kelly

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~Years~~, Nearly 5 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 587 W. Fayette St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Asthenia.

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mary Govenstown

Date of Burial, Oct 19th 82

Undertaker, J McGinnis

Place of Business, 1x3 Plowman

L. E. Lindsay M. D.
Medical Attendant.

Address 169 Park ave

HEALTH DEPARTMENT OCT 19 2 1882 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

Permit No. 60769 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 18. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary G. Brooks

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 227 Lane Street

Cause of Death, First, (Primary,) 4

Second, (Immediate,) Meningitis

Duration of Last Sickness, 14 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 19 1882

Undertaker, Wilson & Sugee

Place of Business, 62 East St

Chas H. Nepp M. D.,
Medical Attendant.

Address, 306 N. Hazelton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

15 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilomina Recker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, one *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number} 106 Welcome alley

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Asphyxia

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Oct. 20th.

Ellis Mitchell M. D.
Medical Attendant.

Undertaker, F. N. Stroll.

Place of Business, 131 Hanover *Address,* 158 Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Accompanying

Board of Health, City of Baltimore,

Permit No. 60777 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Baddom

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 8 *Days,*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 109 S. Bond Ave.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Enlargd Spleen

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 17th 1882

Undertaker, L. McCarthy

Place of Business, 25 Lafayette Ave. *Address,* Balt. & Frank. Sts.

G. W. Lusk M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 69772 *Office of Registrar of Vital Statistics.* Ward 469

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Morton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and Number.} 5 Saratoga St.

Cause of Death, First, (Primary,) Bright Disease.

Second, (Immediate,) Uraemia poisoning.

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Oct 20th 1882

Undertaker, John Thacker

Place of Business, No 150 Canton

E Hawkins M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians to Importance

Board of Health, City of Baltimore,

Permit No. 20773 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 2 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 11 Clarke Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Lab. Cem

Date of Burial. Oct 19

Undertaker, F A Kerchner

Place of Business,

Geo. F. Dixon M. D.,

~~Medical Attendant.~~

Address, Cor of Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60774 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Jas Bentley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Nine *Years,* Ten *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 40 Dill st

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Inanition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter

Date of Burial, Oct 19

Undertaker, J Davis

Place of Business,

Julius Hall *M. D.,*
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 60776 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Taylor Aldrich

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dauphin

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } Mt Vernon Hotel

Cause of Death, First, (Primary,) Pulmonary Congestion &

Second, (Immediate,) apoplexy

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 20th 1882

Undertaker, STEWART & MOWEN

Place of Business, [illegible] Park Ave.

Thomas Sheaff M. D.,
Medical Attendant.

Address, N. 97 St. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 60776 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fred L. Holbrook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Steel. Contractor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and Number.} 168 N. Wolf St

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Oct. 19, 1882

Undertaker, H. A. Darjes

Place of Business, 74 S. Broadway

F. G. Connolly M. D.,

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6077

Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 19 1882 BALTIMORE

Date of Death, Oct 16 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Richardson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charlestown Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 163 Johnson St

Cause of death, First, (Primary,) Cancer of uterus

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Sackville N.B

Date of Burial, —

Undertaker, Armstrong & Denny

Place of Business, —

L L Mackenzie M. D.,
Medical Attendant.

Address, —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

Permit No. 60178 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Styer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 1 *Days,*

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 56 East St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial. Oct 20

Undertaker, E Mason

Place of Business, 13 Lamperton St

Geo H. Doman M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Geo R Cragg M.D.

[OVER.]

The Special [illegible]

19

Board of Health, City of Baltimore,

Permit No. 60779

OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Waters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years 3 mo

Place of Death, {Give street and number.} No 2 Parish alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Passive Congestion

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 19th 1882

Wm D Keating M. D.
Medical Attendant.

Undertaker, J. W. Chase

Place of Business, 155 E Pratt St Address No 84 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 60780 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edith Jones

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, colored

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 26 Hanburg st.

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct. 19th 1882

Undertaker, J. B. Chase

Place of Business, 253 Hanover

C. M. Hall M. D.,
Medical Attendant.

Address, 26 E Shaft st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Dr. Special Attendance

Board of Health, City of Baltimore,

Permit No. 60181 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Brooks.

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 0 *Years,* 7 *Months,* 6 *Days,*

Color, whit

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 252 Park ave

Cause of Death, First, (Primary,)

Second, (Immediate,) spinal meningitis

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, October 20th

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 W Biddle.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 60182 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R. Savage

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 123 Valley St

Cause of Death, First, (Primary,)

Second, (Immediate,) Maxasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, Oct 20th 1882

Undertaker, George Schilling

Place of Business, Cor Monument & Aisquith St Address. 36 Greenmt Ave

Silas N. Hamlin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

OCT 19 1882 BALTIMORE

Permit No. 60783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Dobson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 2 *Years,* 2 - *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 545 Eutaw Place

Cause of Death, First (Primary,) Bright Disease

Second (Immediate,) Uraemic Toxaemia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 22 nd 82

Jno. J. Mundé M. D.
Medical Attendant.

Undertaker, Thos L Hughes

Place of Business, 19 E Bell *Address* 80 Read St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Ph...

Board of Health, City of Baltimore,

Permit No. 60784 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Barney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 10 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, About 30 Years

Place of Death, {Give street and Number.} Saloon, N.E. Cor. Eutaw and Dover Sts

Cause of Death, First, (Primary,) Murdered by Pistol Shot—

Second, (Immediate,) Wounds—

Duration of Last Sickness, Died in a few Minutes

All the above information should be furnished by the Physician.

Place of Burial, ~~At the Cemetery~~

Date of Burial, Oct 20 1882

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta av

~~Chas. Bell~~ M. D.,

Medical Attendant.

Coroner

Address, 141 E Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

15

Permit No. 60785

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 20 2 1882

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Mulligan

(Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and number. } 26 Hamburg St

Cause of Death, First, (Primary.) Malarial Fever.

Second, (Immediate.) ~~Diarrhea~~ Diarrhea

Duration of Last Sickness, 3 Months,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial,

Undertaker, Krause

Place of Business,

A. J. McCabe M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

No special Attention

15 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 6078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th October 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Farell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Wicklow, Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} No 77 York st.

Cause of Death, First, (Primary,) General decay induced by old age

Second, (Immediate,) Inanition

Duration of last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, ...

Undertaker, S Krause

Place of Business, ...

W. C. Sandrock M. D.
Medical Attendant.

Address, 227 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60787 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Fischer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 45 Short St.

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cem.

Date of Burial, Oct 20th 1882 Jno. Brooke Boyle M. D.,

Undertaker, Adam Fink Medical Attendant.

Place of Business, 461 N. Gay St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...he Special Attention of Physicians to ...

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Sullivan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} N W. Park & Clay.

Cause of Death { First, (Primary,) Membranous Croup.
Second, (Immediate,) Asthma

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Green~~ Bethesda

Date of Burial, Oct 20

F E Chatard M. D.
Medical Attendant.

Undertaker, John, D, Mackey

Place of Business, ... *Address,* 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PAINTERS AND STATIONERS.

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

Permit No. 60789 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 18. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nata Hacking

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 5 *Months,* 14 *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 63 N. Fredenck

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 20th 1882

Undertaker, J. S. Rowe

Place of Business, 125 Dolphin

F G Connolly M. D.,
~~Medical Attendant.~~
Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60778 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mark Carter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* ..... *Months,* ..... *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 8

Place of Death, {Give street and Number.} 6 Little Williamson st

Cause of Death, First, (Primary,) Small-pox

Second, (Immediate,) .....

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemty

Date of Burial, Oct 20th 1882

R. A. P. Edel M. D.,

Medical Attendant.

Undertaker Armstrong & Denny

Place of Business, 263 Light St *Address,* 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] Section on Back of this Permit.

Board of Health, City of Baltimore,

Permit No. 60797 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Ford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 99 Hollins

Cause of Death, First, (Primary,) Asthenia from Excessive Vomiting.

Second, (Immediate,) Death Sudden, Seen for the first time when dying

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 21st Oct. Edwd. F. Mechlean M. D.,

Undertaker, W. M. Leonard & Co. Medical Attendant.

Place of Business, ... *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible] Page of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 60792 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 19 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Gross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* —— *Months,* —— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and Number.} 2 Paca Place

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Typho Malarial Fever

Duration of Last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Oct 20th 82 D A Gillies M. D.,

Undertaker, Samuel Chase Medical Attendant.

Place of Business, 198 E Monument *Address* 180 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...e Special Attention of Physicians to Sections ... of Ordinances ...

16 **Board of Health, City of Baltimore,**

OCT 1882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Shuman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* *Days.*

Color, White

Married, Single or Widowed, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 2 Emory st.

Cause of Death First, (Primary,) Chronic Bronchitis - age -

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetri

Date of Burial, Octo 21 1882

Undertaker, John Herwig.

Place of Business, 382 Orleans St

J Harvey Hill M. D.
Medical Attendant.

Address, 119 E Monument ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68794 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F Young

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Plumber & Gas fitter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his Life

Place of Death, {Give street and number.} 75 Granby st

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 21 1882

Undertaker, Thos F Hughes

Place of Business, 40 E Balto

J. Ridgway Andre M. D.,
Medical Attendant.

Address, 121 E. Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60795 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Raymond Alexander

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6 Potomac St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Co

Date of Burial, Oct 21

Undertaker, W Burleth

Place of Business,

J. H. Martin M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60796 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Oliver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* ~~Days.~~

Color, Mulatto

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 148 S Wolf St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, ~ 10 days ~

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, Octo. 20th

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann. *Address,* 22 Jackson Square

Thomas P. Evans M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Form.

Board of Health, City of Baltimore,

Permit No. 60799 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Ferdinand Holstein

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 *Years,* 5 *Months,* *Days,*

Color,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 7 yrs 5 mos

Place of Death, { Give street and Number. } 285 Wolf

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 21st 82

Undertaker, E. Frame & Geo Stalls *M. D.,* Medical Attendant.

Place of Business, 1 Bank & West *Address,* 411 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ttention of Physicians is Respectfully Invited to the Remarks below, and to Back of Form.

OCT 20 1882

Board of Health, City of Baltimore,

Permit No. 60798 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Clemments

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} N. E. Cor Williams & Fulton

Cause of Death, First, (Primary,) Miscarriage

Second, (Immediate,) Getting up too soon

Duration of Last Sickness, 8 Days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 21st 1882

Undertaker, J. D. Tucker

Place of Business, 173 Fulton Address, 2[illegible]

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians is Respectfully Invited

Board of Health, City of Baltimore,

Permit No. 60799 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 20. October 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Westphal

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 11 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Hanbury Street 140

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Weakness

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 21 October 1882

Undertaker, Briele

Place of Business, Henrietta N

A. J. Reinhard M. D.,
Medical Attendant.

Address, 224 W Fayette N

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Board of Health, City of Baltimore,

OCT 20

Permit No. 60801

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Fecher

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 10 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 52 N. Bethel St.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Diphtheria

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery of the Most Holy Redeemer.

Date of Burial, Oct 21/82.

Undertaker, Henry Bartell

Place of Business, 62½ N Balt St.

Jno C Benzinger M. D.
Medical Attendant.

Address, 19 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. BULLETY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 60801 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and Number.} 20 Eutaw

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Enteritis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Oct. 21. 1882

Undertaker, H. A. Dayer

Place of Business, 74 S. Bway

E. J. Holmes M. D.,
Medical Attendant.

Address, 20 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 60802 — *Office of Registrar of Vital Statistics.* — Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie K Hess

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 231 N Charles St

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Nineteen days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Oct 20th 82 — Chas O Donovan M. D.

Medical Attendant.

Undertaker,

Place of Business, STEWART & MOWEN, UNDERTAKERS, 33 Park Ave. — *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Directions on the Back of this...

Board of Health, City of Baltimore,

Permit No. 60803 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1852

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gilmore King

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 155 N. Charles St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, ~~Lehmann Funeral~~ Baltimore Cemetery

Date of Burial, October 19th 1852

Undertaker, Lehrman Frances

Place of Business, Park & Hollidays

(Illegible) M. D.,
Medical Attendant.

Address, (Illegible)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Instructions on the back of this.

Board of Health, City of Baltimore,

Permit No. 60804 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lola Blake

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days,*

Color, col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 148 N. Chapel St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Small Pox

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, Oct- 20 1882

Undertaker, M. Coleman

Place of Business, —

Geo W Dorsett M. D.,

~~Medical Attendant.~~

Address, Dept of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Inspector

Board of Health, City of Baltimore,

Permit No. 60805 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 20 1882

Date of Death, Oct. 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Eberhardt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 1 *Months,* *Days.*

Color, White.

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 33 Hamburg St.

Cause of death, First, (Primary,) Consumption.

Second, (Immediate,)

Duration of Last Sickness, About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loden Hill

Date of Burial, Oct 21st 1882

Undertaker, Armistead Keen

Place of Business, 263 Lanvale

John E. White M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60806 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1882 OCT 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Sedicum

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 85 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 37 N. Calhoun st

Cause of Death, First, (Primary,) Anasarca

Second, (Immediate,) Prostration

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Oct. 22nd 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

C. L. Buddenhagen M. D.,
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 60807

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH
OCT 20 1882

CERTIFICATE OF DEATH.

Date of Death, Oct 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Tydings Sr.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give street and number.} 91 Pine st

Cause of Death, First (Primary,)

Second (Immediate,) Cancer of the Stomach

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem. Frank W Gunnor *M. D.*

Date of Burial, Oct. 22' 1882 Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W Baltimore St. *Address* 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 60808 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

OCT 20 1892

CERTIFICATE OF DEATH.

Date of Death, October 20th 92.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. C. Schultz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and Number.} 12 S Fremont.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, Six Month

All the above information should be furnished by the Physician.

Place of Burial. Baltimore Cem

Date of Burial. October 22nd 1/4

Undertaker. Wm J. Tickner

Place of Business, 65 S. Eutaw St

Louis C. Horn M. D., Medical Attendant.

Address, 225 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60809 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 20 1882

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Richardson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 86 Sterling St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of Face (Epithelioma)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct. 20. 1882

Undertaker, Charles A White,

Place of Business, 35 Granby St

Silas N Hunter M. D.,
Medical Attendant.

Address, 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

60816

Board of Health, City of Baltimore,

141

Permit No. 4222

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct-20th-1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Waite

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* 1 *Months,* 7 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westminster Carroll Co Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} Gro 31st & Mc Henry & Balto

Cause of Death, {First (Primary,) Tubercular Phthisis
Second (Immediate,) Pulmonal effusion.

Duration of Last Sickness, Two years & 2 mos

All the above information should be furnished by the Physician.

Place of Burial, New Windsor Carroll Co Md

Date of Burial, October 21st 1882

Wm D Keefer M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St *Address* No 84 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

...he Special Attention of Physicians is respectfully invited ... Blanks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 60811 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} son of Lizzie Wagner Henry Wagner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* one *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, — No 338

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. W. Cor. Penna. Ave & Lanvale Sts

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} N. W. Cor Penn Ave & Lanvale Sts.

Cause of Death, First, (Primary,) Diphtheria Laryngeal

Second, (Immediate,) which it was caused.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 21 Oct

Undertaker, J Kehoe Salmon — Truman F Hill M. D.

Medical Attendant.

Place of Business, 336 Penna Ave *Address,* Cor Fayette & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physician ... Penalty ...

Board of Health, City of Baltimore,

Permit No. 6812 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly E. K. Cook

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color,

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3½ years

Place of Death, {Give street and Number.} 35 Holland St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 21st

Undertaker, Geo. Schilling

Place of Business,

Saml. E. Powell M. D.,
Medical Attendant.

Address, No 29 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 60818

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT. 21, 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Carrie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 154 Chew St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Oct 24th 1882

Undertaker, J. McGinnis & Co

Place of Business, 113 Plowman St

Saml J. Belt M.D.,
Medical Attendant.

Address, 134 N. Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60814 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Hoole

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ... *Years,* Five *Months,* Thirteen *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 170 Druid Hill Ave

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Convulsions

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Oct 21st 1882

Undertaker, Chas J Scryven

Place of Business, 271 N Eutaw St

E C Price M. D.,

Medical Attendant.

Address, 262 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Sect. 2 of Ordinance or Code of Health.

Board of Health, City of Baltimore,

Permit No. 60815 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred C. Lindenberg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 Y. *Years,* 7 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Upholsterer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, {Give street and Number.} 185 N Calvert

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 22d

Undertaker, Conrad. Kunkel,

Place of Business, No 60 Park ave.

Geo Lyon M. D., Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 60816 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Schroder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 87 *Years,* — *Months,* — *Days,*

Color, Colrit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 78 Years

Place of Death, {Give street and Number.} N.E. Cor Eden & Eliza Streets

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Ct

Date of Burial, Oct 23d 1882

Undertaker, Henry Hoegla

Place of Business, 309 N. Central Ave, Residence, S.E. Cor Eager & Fortune Streets

J. W. Silver M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Y. Purviance

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~

Age, 83 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Admiral (retired) U. S. Navy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 93 N. Monument St.

Cause of Death, First, (Primary) Calculous Disease of Kidneys

Second, (Immediate,) Renal Colic.

Duration of last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 23rd Oct 1882 Christopher Johnston M. D.
Medical Attendant.

Undertaker, Henry Watkins Son

Place of Business, 75 St Charles St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

In Special Attention of

Board of Health, City of Baltimore,

Permit No. 6078 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 19, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Bowning

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 827 W Pratt

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 21 Oct

James Bovey M. D.
Medical Attendant.

Undertaker, Jno H. Ries

Place of Business, 858 W Pratt st *Address,* 819 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Schedule Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 60819 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hildegard Rudolph

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and Number. } # 248 Eastern Ave.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C. P. Cemetery.

Date of Burial, Octr. 21th.

John H. Kelly M. D.,
Medical Attendant.

Undertaker, Wm. Nicolaus

Place of Business, 258 Aliceanna *Address,* 214 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the accompanying [illegible]

Board of Health, City of Baltimore,

Permit No. 60820 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Lekowski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years.* Three *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} 53 Low St

Cause of Death, First, (Primary,) Cholera Infant

Second, (Immediate,) Brain trouble

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Belair Rd

Date of Burial, Oct 22

Undertaker, B Bkrelh

Place of Business,

Francis A. Sauer M. D.,
Medical Attendant.

Address, 105 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 60821 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 82.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Patrick Welsh

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 56 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Huckster

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City Md

Duration of Residence in the City of Baltimore, Dosing Life

Place of Death, { Give street and Number. } # 201 Lexington St-

Cause of Death, First, (Primary,) Alcoholism

Second, (Immediate,) Diphtheritic Laryngitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 22d 1882

Undertaker, S. M. Leonard & Co's

Place of Business, 782 W. Baltimore

Felix Post M. D.,
Medical Attendant.

Address, 178 W'- Madison St-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 60822 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 21? 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hettie Walter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cincinnatti

Duration of Residence in the City of Baltimore, 2 yr

Place of Death, {Give street and number.} 91 Druid Hill Av

Cause of death, First, (Primary,)

Second, (Immediate,) Membranous Croup

Duration of Last Sickness, 2 week

All the above information should be furnished by the Physician.

Place of Burial, Oheb Scholam

Date of Burial, Oct 22 nd

Undertaker, Wm Eilane

Place of Business, 101 Gough St

R. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

5

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 October 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Funk

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} +

Occupation, +

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 102 N Dallas

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem

Date of Burial, Oct 22/82

A Freudenwald M. D.
Medical Attendant.

Undertaker, J D Powers

Place of Business, 125 Orleans *Address,* 8 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6084 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Mobis

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* Two (10) *Months* Twenty Seven (27) *Days,*

Color, Colich

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Delaware Since birth

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 318 N Central Ave

Cause of Death, First, (Primary,) Acute Meningitis (Cerebral

Second, (Immediate,) Eclampsia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 22, 1882

{ *Undertaker,* Henry Fleck

{ *Place of Business,* 309 Central Ave Address 50 Eager Baltimore Street

J. W Gibson M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60823 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John James King

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ——

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 202 N. Front St

Cause of Death, First, (Primary,) (Fatal) Heart Disease (Mitral

Second, (Immediate.) 11 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 22nd 1882

Undertaker, Geary Trade

Place of Business, 309 N. Central Av

Silas N. Hunter M. D.,
Medical Attendant.

Address, 36 Gaunt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 60826 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th October 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev Henry Lanzy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days,*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, Minister of gospel

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 9. Winters alley

Cause of Death, First, (Primary,) Gastro-Enteritis et Perforating

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 23

Undertaker, Hercules Ross

Place of Business, 95 Conway St

L. D. Dyer M. D.,
Medical Attendant.

Address, 146. Hill St.

L. D. DYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is called to [illegible]

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raymond Williams

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 10 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Scholar

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 27 N. Church St.

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) Anaemia

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 22nd 1882

Undertaker, Wm J. Gray

Place of Business 65 Mulberry

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on R...

Board of Health, City of Baltimore,

Permit No. 60828 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. nder penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

Date of Death, Oct. 20 th: 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bishop

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Irregularly for life

Place of Death, {Give street and Number.} City Hospital.

Cause of Death, First, (Primary,) Comp. ~~com.~~ fract of both bones Left Leg.

Second, (Immediate,) Erysipelas.

Duration of Last Sickness, 1 wk.

All the above Information should be furnished by the Physician.

Place of Burial, ~~Ct~~ Pen

Date of Burial, Oct 20

Undertaker, M Coleman

Place of Business,

E. Davis M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 60629 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1862

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Ashton

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 11 *Years,* — *Months,* — *Days,*

Color, —

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 145 York St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, N. P. Cemetery

Date of Burial, Oct 13/62

Undertaker, F. A Kershner

Place of Business, 57 Lancaster Address, Com of Health

Geo. H. Dixon M. D.,
Medical ~~Attendant~~.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Undertaker

The Special Attention of Physicians is respectfully invited to ...

Board of Health, City of Baltimore,

Permit No. 60830 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Kesler

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} ...

Age, 1 *Years,* 1 *Months,* 10 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Born Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 976 Hart Street

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) & Convulsions

Duration of Last Sickness, One day +

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, October 22

Undertaker, B. Hall

Place of Business, 82 West St

...M. D.

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No 60831 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sabastian Schaffer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 year 6 mon

Place of Death, {Give street and number.} 207 Cookson st

Cause of death, First, (Primary,) Indigestion

Second, (Immediate,) Convulsions

Duration of Last Sickness, 13 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alyosius Cemetery

Date of Burial, October ~~22~~ 23

Undertaker, B. Hall

Place of Business, 42 West St.

L. B. Lacutti M. D.,
Medical Attendant.

Address, Fort Ave & Johnson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certif...

Board of Health, City of Baltimore,

Permit No. 6883 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz.th Talbot

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 15 *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Notany, lived with parents

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} 12 Jordan Alley

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Haemorrhage of the lungs

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, Oct 22nd 1882

Undertaker, W. Bishop

Place of Business, Druid Hill Avenue Balt.

C. C. Jenson M. D.,
Medical Attendant.

Address, University Hospital Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60883 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fabina Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, During Life.

Place of Death, {Give street and number.} 55 Front year A

Cause of death, First, (Primary,) Disease of the Heart & (Arthéromatous degeneration) Aorta -

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, several years -

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 22/92

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw *Address,* 55 Front A

H. Richards M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis John Healy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Galway Ireland

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 41 Lindell Avenue

Cause of Death, First (Primary,) Infirmities of age

Second (Immediate,) Dropsy.

Duration of Last Sickness, Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 22/82

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

Address 41 N Franklin St

R. H. McManus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt W Dryden

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 62 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Gentleman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 157 North Charles St

Cause of Death First, (Primary,) Atrophy of Spinal Cord — Locomotion

Second, (Immediate,) General Atrophy and Prostration

Duration of last Sickness, 19 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 23d 1882

Jno. Clapt Martin M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS, 50 Park Ave.

Place of Business, STEWART & MOWEN, UNDERTAKERS, 50 Park Ave.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention ...

Board of Health, City of Baltimore,

Permit No. 6086 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21-1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margarette Shone

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 19 *Days,*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 454 E 6th and n-

Cause of Death, First, (Primary,) Phisimus Nascentium

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, Oct 22. 1882

Wm L Russell M. D.,
Medical Attendant.

Undertaker, H. H. Hofmann

Place of Business, 63 W Eden St. *Address,* 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 60857 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis A. Morgan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* — *Months,* — *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 5 Odd St bet Court

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial. Loudon County

Date of Burial. Oct 22 1882

Undertaker, W A Burk

Place of Business, 5 Odd St *Address,* Cor of Court

Geo. W. Benson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 60838 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Lutz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, W.

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and Number.} 2745 Broadway

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pulmonary Hemorrhage (Copious)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, 23 October 1882

Undertaker, Wm. L. Polk

Place of Business, 165 Eleventh

Chas. M. Mayo M. D., Medical Attendant.

Coroner

Address, 67 East St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

Permit No. 60839 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irving G. Union

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 24 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 179 Hamilton Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Meningitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Shanks M. Cemetery

Date of Burial. Oct 22 82

Lenord C. Fox M. D., Medical Attendant.

Undertaker, Alf Hemsley

Place of Business 116 Oakland Ave *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 60840 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 22 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Coster

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~Years,~~ *Months,* 1 *Days,* 1

Color, Black

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. } Child

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } No 60 Biddle al

Duration of Residence in the City of Baltimore, one month one day

Place of Death, { Give street and Number. } No 60 Biddle al.

Cause of Death, First, (Primary,) Umbilical Hernia

Second, (Immediate,) Convulsions

Duration of Last Sickness, three hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 23

{ *Undertaker,* Hannsley
Place of Business, 11 Richardst }

E K. Valizer *M. D.,*
Medical Attendant.

Address, 123 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the accompanying Circular, and to Rule 9 [illegible] of this Office.

Board of Health, City of Baltimore,

Permit No. 60841 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 22 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. Banks

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* *Months,* 11 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 139 N. Dallas st

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Oct 22/82

Undertaker, T. J. Locke

Place of Business,

Geo. W. Denson M. D., Medical Attendant.

Address, Com & Heath

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6084R

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lora James Pinkerton

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 5 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 yrs 5 mos

Place of Death, {Give street and number} 22 N. Spring

Cause of Death {First, (Primary,) Diptheria
Second, (Immediate,) Congestion

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 23 1882

Wm H Hill M. D.
Medical Attendant.

Undertaker, John Kenney

Place of Business, 389 Orleans St *Address,* 196 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 89 N Spring St

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) asthenia

Duration of Last Sickness, 3 Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Oct 22nd 1882

Undertaker, J. L. Hodas

Place of Business, 73 Jefferson St

F Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 60844 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 22 1882

CERTIFICATE OF DEATH.

Date of Death, October 22d 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Odenwald.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 20 *Years,* 4 *Months,* 11 *Days,*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Painter.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 156 Henrietta St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonary Tuberculosis

Duration of Last Sickness, about 18 years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 23 '82

Undertaker, Philip S. Dill

Place of Business, 183 Columbia Av

R. J. H. Tall, M. D.,
Medical Attendant.

Address, 1528 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60845 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bonkaus Kopski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 10 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bulls. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 99 Thames

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Asthenia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Old Almshouse Cem.

Date of Burial, Oct 22 1882

D. L. Dietrich M. D., Medical Attendant.

Undertaker, W. Lippel

Place of Business, 151 S Bond st Address, 99 So. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60846 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 22 1882

CERTIFICATE OF DEATH.

Date of Death, October 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Euler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Broadmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B, City

Duration of Residence in the City of Baltimore, 46

Place of Death, {Give street and Number.} 182 Scott st

Cause of Death, First, (Primary,) Inebriety

Second, (Immediate,) Nervous Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Oct 23 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

Address, 313 Light

Wm. P. Elles M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 0847 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seven *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 12 Months

Place of Death, {Give street and number.} 90 Welcome Alley

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, about Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Sharpt Cemetery

Date of Burial, Oct 22nd 82

Undertaker, Geo. W. Perkins

Place of Business, 130 Henrietta St

Julius Dale M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60878 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 22 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Jacob,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md. Since Birth

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} # 208 S Bethel St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Oct 22. 1882

John H Kehoe M. D.
Medical Attendant.

Undertaker, H. Fender Son

Place of Business, 252 Canton Av. *Address,* 214 S Linwood Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the necessity of the prompt filing of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60849 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dat Kissner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 180 Madeira Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, October 22nd

Undertaker, Mr. Lunty

Place of Business, 85 Bank St

M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

By Dat V. Fitzpatrick

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Board of Health, City of Baltimore,

Permit No. 60850

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Leo Vitt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 94 S Central Av.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 23d

Undertaker, Leonard Ritz

Place of Business, 129½ S. Broadway

Geo. L Kinnemon M.D.,
Medical Attendant.

Address, East Fish

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 60857

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

Date of Death, Oct. 21. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Gertrude Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 5 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and Number.} No. 455 N. Balt. Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 23d 1882

Undertaker, Frank Loane

Place of Business, 654 W Balto St

C. W. Keefe M. D.,
Medical Attendant.

Address, 306 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 60852

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Fetsch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 9 *Months,* 28 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer & Stock Dealer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hilsheim Baden Germany

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} 201 Aisquith St

Cause of Death, First, (Primary.) Cerebral Hemorrhage

Second, (Immediate.)

Duration of Last Sickness, 3d attack on Oct 19/82

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, Oct 25th 1882

Undertaker, C. Frank

Place of Business, Bank & Wolfe Sts *Address,* 200 E. Baltimore

H. A. Cook M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60853 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Skinner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 21 O'Donnell St. Canton

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 13 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, Octbr 23 d 1882

E. P. Owens M. D.,

Medical Attendant.

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave Address, 373 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 60857 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 20.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Walter Sewell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 223 Mulliken St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Syphilis

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Oct 23 1882

Undertaker, William Wenger

Place of Business No 67 East Street

A. A. Gray M. D.,
Medical Attendant.

Address, 137 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60855 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph H. T. Hoffrich

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 173 Front Fawn St

Cause of death, First, (Primary,)

Second, (Immediate,) Marasmus.

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Monday Oct 23d 1882

Undertaker, Conrad Bunkel

Place of Business, no 60 Park ave

Edward J. Davis M. D.,
Medical Attendant.

Address, 57 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully called to the Rules of this O...

Board of Health, City of Baltimore,

Permit No. 60856 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur W Gainor

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~ *Years,* 8 *Months,* ~ *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 367 Mulberry St

Cause of Death, First, (Primary,) Inflam. Enceph Spinal Meningitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Oct 23rd 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 55 N Green St

D. W. Baker M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60857 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 22

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachael Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days,*

Color, BCK

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B Co

Duration of Residence in the City of Baltimore, 4

Place of Death, { Give street and Number. } 63 Plum alley

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, October 23 1882

Undertaker, Hercules ross

Place of Business, 95 Conway st

R. H. Ellis M. D.,
Medical Attendant.

Address, 313 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Statistics Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 60858 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Rock.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 18 *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 58 Camden St

Cause of Death, First, (Primary,) Tuberculosis Pulmonum

Second, (Immediate,) the Lame.

Duration of Last Sickness, 2 months

At the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 23 1882

Undertaker, John Herwig

Place of Business, 342 Orleans St

Henry Palge M. D.,
Medical Attendant.

Address, 169 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 60859 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

11 a m

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

Date of Death, October 22, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank A. Beck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 353 Orleans St.

Cause of death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetri

Date of Burial, Oct 23 1882

Undertaker, John Kenney

Place of Business, 382 Orleans St

J Hollenberg M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 60860 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

Date of Death, Oct. 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Heraman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} 33 Little McElderry st

Cause of Death, First, (Primary,)

Second, (Immediate,) Neuralgia

Duration of Last Sickness, 17 Days.

All the above information should be furnished by the Physician.

Place of Burial, Oakland Scholars

Date of Burial, Oct 23th

Undertaker, Wm Eilau

Place of Business, 101 Gough St

J. J. Guy M. D.
Medical Attendant.

Address, 12[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60867 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Westley Rickets Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Smith Dock

Cause of Death, First, (Primary,)

Second, (Immediate,) Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Octr 23rd 1882

Undertaker, Geo W Spence

Place of Business, 195 S Eutaw

Alexander Finley M. D.,
~~Medical Attendant.~~
Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 60862 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry List

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 3 *Years,* — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 70 Portland

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 23rd 1882

Undertaker, Philip Secrest, Edwd F. Nicholas M. D., Medical Attendant.

Place of Business, 30 S Eutaw st, *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

Permit No. 60863 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jessie May Miller

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, ~~———~~ *Years,* 11 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Butte Mt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 138 Eutaw St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Oct 24th 1882

Undertaker, Denny & Mitchell

Place of Business, 68 S Broadway Address, 33 Eutaw St

E. D. Williams M. D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 60864 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May Baker

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } Female

Age, 46 *Years,* — *Months,* 21 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. } Single

Occupation, Shoe Binding

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and Number. } 88 N. Fremont st

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,) Asthenia

Duration of Last Sickness, Six years

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cemetery

Date of Burial. Oct 23rd 1882

Undertaker, Jos B Coale

Place of Business, No 707 N. Baltimore Street

Jas. D. Gibbons M. D.,
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Penalties on Back of this.

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Permit No. 60865

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Young

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* 1 *Months,* 14 *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give street and number.} No. 2 Amity St north

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Abscess

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Oct 23 1882

Undertaker, Jos B Cook

Place of Business, No 70 N Baltimore Street

A. McG Gotwals M.D.,
Medical Attendant.

Address, 343 W. Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

Permit No. 61866 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hatt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 4 *Months,* 22 *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 9 Antony St.

Cause of Death, First, (Primary.) Strangulated Hernia

Second, (Immediate.) Peritonitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St James Comore

Date of Burial, Oct 24, 1882

Undertaker, Henry Hegerich

Place of Business, 21 Central Ave Address,

F. A. Sauer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Numbers Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 60867 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

Date of Death, October 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Huber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six (6) *Years,* Two (2) *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 118 Fourteenth

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Eighteen (18) days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Oct. 24 1882.

Undertaker, Henry Hook

Place of Business, 20 E. Fayette St.

C. Todd Hunt M. D., Medical Attendant.

Address, 100 E. Eager Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of

Board of Health, City of Baltimore,

Permit No. 6086 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Neu

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 5 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 88 Wilkens

Cause of Death, First, (Primary,) Inflammation of bowels

Second, (Immediate,) Inanition

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sweet Haven Cemetary

Date of Burial, Oct 24th 11

Undertaker, Andrew Harnett

Place of Business, 206 Columbia Ave. Address, 31 Hillen

Geo J Grolus M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 6089 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Baker Howard

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, —— *Years,* —— *Months,* 4 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Infant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 66 Williams st

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 66 Williams

Cause of Death, First, (Primary,) (Was) Premature birth

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 23 1882

Undertaker, Amtmann & Son

Place of Business, 263 Light Address, 321 Hollins st

J. Jno Howard M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] Physicians is Respectfully Invited to the Remarks Below, and to Blanks [illegible]

Board of Health, City of Baltimore,

Permit No. 60870 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Lauderbaugh

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* 9 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 121 S. Eutaw St

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, 24 October

Undertaker, W. Clark & Son

Place of Business, 92 S. Amer

D. Griffith M. D.,
Medical Attendant.

Address, 319 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, who shall hold an inquest under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60871 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Lambden

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } No. 121 S. Ann St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, H. Fabers Co

Date of Burial, 24th Oct

Undertaker, M. Clark & Son

Place of Business, 92 S. Ann

D. G. Griffith, M. D., Medical Attendant.

Address, 34 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Spec... Physicians is respectfully invited to the Remarks below, and to List of Diseases on Bac...

16 **Board of Health, City of Baltimore,**

Permit No: 60872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Heinz ~~Heinrich~~ Benz

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* ~~1~~ *Months,* ~~1~~ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~—~~

Occupation, ~~—~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B. C

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 370 S Eutaw St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Several days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 24th 1882

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Conway

Harvey Stein M. D.
Medical Attendant.

Address, 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60873 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

Date of Death, Oct. 22 nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Barlow

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and Number.} 227 Chew St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 24 th

Undertaker, H. C. Windsfield

Place of Business, 90 Greenmount Av

Chas. Andrew Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 60874 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sharp.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 14 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 134 N. Durham St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 22 1882

Undertaker, J. Locke

Place of Business, 23 Jefferson

C. F. Grafe M. D.,
Medical Attendant.

Address, 137 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 60876 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret L. Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* 2 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 140 S Durham St

Cause of death, First, (Primary,)

Second, (Immediate,) Pulmonary Phthisis

Duration of Last Sickness, Five months. (Complaint previously)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 23rd 1882

Undertaker, J. Locke

Place of Business, 413 Eutaw

A. N. Gosnell M. D.,

Medical Attendant.

Address, 253 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julien Livingston

Sex, Male or Female, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Wolfe St. 253

Cause of Death First, (Primary.) Tuberculosis

Second, (Immediate.) Exhaustion

Duration of last Sickness, Has been ill for ~~last~~ ten years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 24

Undertaker, W Dyer

Place of Business, 157 E Bond

Geo J Simms *M. D.*
Medical Attendant.

Address, 242 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60877 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23th. October 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Gleisner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~

Occupation, ~~

Birthplace, {State of country, and now long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, during Lifetime.

Place of Death, {Give street and Number.} Canton Avenue 261

Cause of Death; First, (Primary,) Diphtheritis

Second, (Immediate,)

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial. Sct Paulus Cemetery

Date of Burial. Oct. 24th 1882

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Permit No. 6087 **Board of Health, City of Baltimore,**

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 23d 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isidor

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} asylum. St. vincent's

Cause of Death, First, (Primary,) Convulsions.

Second, (Immediate,)

Duration of Last Sickness, a few hours.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Oct. 24/82.

Undertaker, Pat. Hunt

Place of Business, Vincent Tunnel

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem or Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 60879

Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Dunn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 2 *Years,* — *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 108 Marshall ave

Cause of Death, First, (Primary,) Small pox

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bell Church

Date of Burial, 24 of October

Undertaker, Harlee

Place of Business, West St

Harvey Cotte M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

60880

Board of Health, City of Baltimore,

Permit No. 60880 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Boremiller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} x

Occupation, Clerk in tea store

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 310 Schroeder

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 24th /82

Undertaker, B Burke

Place of Business, 92 West St

Thomas Scott M. D.,
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 60881 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 23/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vesta. Mc Evan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Jersey City

Duration of Residence in the City of Baltimore, 8 mos

Place of Death, {Give street and Number.} 67 Thames st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct 25th

Undertaker, W. L. Duffel

Place of Business, 157 S Bond st

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 60889 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Brenner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 40 Lancaster St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel C

Date of Burial, Oct 24 82

John A Kershner M. D.,

Medical Attendant.

Undertaker, H Riffel

Place of Business, 151 E Baltimore *Address,* 2432 Lee Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 60883 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Segeni

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 1197 Thames St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Oct 24th

Undertaker, W. Tiffet

Place of Business, 157 E Bond St

John H. Kellogg M. D.,
Medical Attendant.

Address, 2113 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Th[illegible] Special Attention of Physicians is respectfully invited to the Remarks below, and to Lists of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60884 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23d 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Gertrude Oneal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* — *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City Md.

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 647 Lenora Ave.

Cause of Death,
First, (Primary,) Malignant Sore Throat
Second, (Immediate,) " " "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial. 24 Oct

J H Christian M. D.,
Medical Attendant.

Undertaker, J H Chatham

Place of Business, 336 Lemmon Address, 421 Lemmon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60885 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 October 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert A. Lies

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Crop Str 262

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 24 October 1882

Undertaker, Armstrong & Denny

Place of Business, Corner Light & Montgomery *Address,* 224 West Fayette St

Dr. L. Reinhard M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Permit No. 20 60886

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harrisonburg Va.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} No 1 Smith st

Cause of Death, First, (Primary.) Fibro Cystic Tumor of Uterus

Second, (Immediate.) Hemmorrhage & Peritonitis

Duration of Last Sickness, 4 & hours

All the above information should be furnished by the Physician.

Place of Burial, St Johns St Cemetery

Date of Burial, Oct. 23, 1882

Undertaker, C & J Hemsley

Place of Business, 116 Orchard st

E. Meierhoff M.D.,
Medical Attendant.

Address, 427 W. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 60887

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 1892 BALTIMORE

Date of Death, Oct 23 / 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel E. Cross

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 45 S. Fulton St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Nephritis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Mt. Olivet

Date of Burial, Oct 25

Undertaker, Meech & Shields

Place of Business, 60 N Carrollton ave

J. Miller, M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. OA 6888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Foot

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 15 Thorn St

Cause of Death First, (Primary,) Old age

Second, (Immediate,) general debility

Duration of last Sickness, Had become quite decrepid & feeble for past 2 yrs

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24 1882

Undertaker, Thos L Locke

Place of Business, 493 Jefferson St

Thos J Simms M. D.
Medical Attendant.

Address, 242 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully called to the [illegible] of this certificate.

3

Board of Health, City of Baltimore,

Permit No. 60889

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Powell

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 21 *Years,* *Months,* *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} 9 N Spring st

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Osborn & Conely

Date of Burial, Oct 24 1882

Undertaker, J. J. Locke

Place of Business, 173 Pennsylvania ave

A. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E. Preston st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 60870 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solmon de Courcy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 110 Linden Av

Cause of Death, First, (Primary,) General Debility

Second, (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Oct 24th 1882

Undertaker, Thos J Lock

Place of Business, 42 Jefferson st

J E Atkinson M. D.,
Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60891 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian James

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* ..... *Months,* ..... *Days,*

Color, Mulatto

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Clapsen's Court

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 24

Undertaker, H Ross

Place of Business, 95 Conway St *Address,* 170 N Wash St

Wm Goodall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

Board of Health, City of Baltimore,

Permit No 60892

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 21, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Smith.

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, Fifty (50) *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 132. S. Eutaw

Cause of Death, {First (Primary,) Consumption of Lungs / Second (Immediate,)

Duration of Last Sickness, Since August

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, October 24

Wm M Nicholson M. D.
Medical Attendant.

Undertaker, H ROSS

Place of Business, 95 Conway St

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60873 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christena L Wolman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* ——— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 447 Lexington

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial Baltimore Co.

Date of Burial, Oct 25

Undertaker, Conrad Rohde

Place of Business, 48 Penn Av

A R Abercrombie M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Notices Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60894 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

Date of Death, 25th. October 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Treller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 6 *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ebermannstadt, Bavary, Germany

Duration of Residence in the City of Baltimore, 1 year.

Place of Death, {Give street and Number.} N. Wolfe street 117

Cause of Death, First, (Primary,) Marasmus senilis

Second, (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct. 25th 82

Undertaker, G. Fraser

Place of Business, Bond & Wolfe *Address,* N. Wolfe st. 117.

William Henkel M. D., Medical Attendant, Address, N. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60875 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nagle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 99 Washington St

Cause of Death, First, (Primary,) Cirrhosis

Second, (Immediate,) Acute Dysentery

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Oct. 26th 82

Undertaker, E. Fraser

Place of Business, Bonts & Mc Address, 188 N. Robert St

Oscar F. Baker M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 60876

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 2d.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 2 1902 BALTIMORE

Date of Death, Oct 23 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Hinkle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Born here

Place of Death, {Give street and Number.} 1 Pennsylvania Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St Paul's

Date of Burial, Oct 24 1902

Undertaker, G. Frame

Place of Business, Bonds & Pratt *Address,* 2 N. Eutaw Ave

Baltimore City, M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60877 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Bastian

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, [illegible] *Years,* 1 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } 398 [illegible]

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Spasm Infantum

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Oct. 24th 82

Undertaker, C. Franey

Place of Business, Bonts & Wolf *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, (when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 60898 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 23d 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Fannie Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 56 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 97 S. Washington Ave.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 25th

Undertaker, M. Clark & Son

Place of Business, 92 S. Arch St.

Elmer [illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 60899

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct ~~29th~~ 25 and 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Fiess

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 78 Granby St

Duration of Residence in the City of Baltimore, 4 yrs 8 mos

Place of Death, {Give street and number.} 78 Granby

Cause of Death, First, (Primary.) True Croup.

Second, (Immediate.) Carbonic Acid Poisoning

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 25 1882

E Geo Walls M.D.,
Medical Attendant.

Undertaker, John Heaney

Place of Business, 382 Aliceanna St

Address, 211 N Bond St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully ... to Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66708 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Feildon F. Donaldson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 452 Fort Ave

Cause of death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, twelve days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemt.

Date of Burial, October 24

Undertaker, [illegible]

Place of Business, 82 West.

L. B. Facetti M. D.,
Medical Attendant.

Address, Fort Ave & Johnson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60701 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday October 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elizabeth Farlett,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and Number.} 125 Ensor St.

Cause of Death, First, (Primary,) Cancer of left Maxillary bone

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 25th

Undertaker, George Schilling

Place of Business, Ashland Square

Wilmer Brinton M. D.,
Medical Attendant.

Address, 25½ Greenmount ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60902 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eduard Augusta Meyers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 77 Chesnut Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Lockjaw

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem't,

Date of Burial, Oct 24th

Undertaker, Charles White

Place of Business, Granby St. *Address,*

Geo. W. Dobson M. D.,
Medical Attendant.

Wm F. Heath

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60706 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 23. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Oliver French

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and Number.} 339 E. John st

Cause of Death, First, (Primary,) Scarlatinal Nephritis

Second, (Immediate,) Oedema of Lungs

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Balto. Cemetery

Date of Burial Oct 24 82.

Undertaker, Wm H. Hickman

Place of Business, 23 E. Baltimore st

Geo. A. Hartman M. D.,
Medical Attendant.

Address, 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 60704

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Skins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 75 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Waterman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and Number.} 1 North Dallas St

Cause of Death, {First, (Primary,)

Second, (Immediate,) Tubercular Phthisis

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24th 1887

Undertaker, S. S. Lacy

Place of Business, 73 Jefferson

H. J. Gonsalus M. D.,
Medical Attendant.

Address, 253 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60705 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Anne Finerty.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 46 (9) *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and Number. } City Hospital.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial. Oct 26

{ Undertaker, M Coleman

{ Place of Business,

Edwin M. D.,
{ Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificat

Board of Health, City of Baltimore,

Permit No. 60786 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

Date of Death, Oct 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hemitta Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6 Little Calhoun

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Run Cemetery

Date of Burial, Oct 24th 1882

Undertaker, F Kirchner

Place of Business, 508 Carrollton ave *Address,* City

Geo. W. Dent M. D.,
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Geo. Knecht

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60907 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 1892 BALTIMORE

Date of Death, Oct 24th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rae

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 78 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 77 Years

Place of Death, {Give street and number.} 67 Scott St

Cause of death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct. 25th 1892

Undertaker, J B Cook

Place of Business, 707 W Balto St

J H Emmert *M. D.,*
Medical Attendant.

Address, 76 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60908 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Baumiller

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 5 *Years,* 7 *Months,* 11 *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 5 Yrs 11 Mo

Place of Death, {Give street and Number.} 322 W Mt St

Cause of Death, First, (Primary,) Cerebral Spinal Meningitis

Second, (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons

Date of Burial, October 23

Undertaker, B. Hurley

Place of Business, 62 West St

R. A. P. Ellis M. D., Medical Attendant.

Address, 810 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6898 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Duggan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 13 N. Gay St.

Cause of death, First, (Primary,) Compound Fracture of Femur. Leg.

Second, (Immediate,) General Atrophy.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 25 1882

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Edward J. Gilbride M. D.,
Medical Attendant.

Address, 24 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

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Permit No. 60910

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

Date of Death, Oct 23. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fork Jr

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 71 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number.} 162 Lombard Street

Cause of Death, First, (Primary.) Organic disease of heart

Second, (Immediate.)

Duration of Last Sickness, About Three Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 25/82

Undertaker, Wm Weaver

Place of Business, 202 E Eutaw St

Richard McSherry M.D.,
Medical Attendant.

Address, 189 N Howard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60911 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Codori

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 345 N. Ann St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Fibrinal Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Gettysburg Pa.

Date of Burial, Oct. 25th 1882

Wm. Brooke Boyle M. D.,
Medical Attendant.

Undertaker, Adam Firth

Place of Business, 461 N. Gay St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below. See Cases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1862

CERTIFICATE OF DEATH.

Date of Death, October 23d 1862

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Shipley

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 20 *Years,* — *Months,* *Days.*

Color, colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer (Oyster Shucker)

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} What coat St 1st door above Lanvale

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Locust Station

Date of Burial, Oct 25 1862

Undertaker, C. C. Hemsley

Place of Business, 116 Orchard St

J. Lovejoy Hall M. D.
Medical Attendant.

Address, 119 Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60913 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 1882

CERTIFICATE OF DEATH.

Date of Death, October 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Garlack

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 88 Albemarle st

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel County

Date of Burial, Oct 26/82

Undertaker, Peter Fenger

Place of Business,

Geo W Emory M. D.,

Medical ~~Attendant~~.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 60914 Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernest Knoche

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } XXX

Occupation, XXX

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 55 Holland

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial Balto County

Date of Burial, Oct 25th

Undertaker, Chas Russing

Place of Business,

James E Donnelly M. D.,
Medical Attendant.

Address, 299 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to this Certificate.

Board of Health, City of Baltimore,

Permit No. 60915 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 Octo 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} " (Infant Waters)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} 152 N Calhoun

Cause of death, First, (Primary,) .....

Second, (Immediate,) Cholera

Duration of Last Sickness, " 4 days

All the above information should be furnished by the Physician.

Place of Burial, Rocks Spring - Blair Balto Co

Date of Burial, Wednesday Oct 26th

Undertaker, John A. McCoy Jr } J. J. Cottman M. D.,

Place of Business, 17 W. Fayette St } *Address,* 28 Franklin

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6096 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 1882

CERTIFICATE OF DEATH.

Date of Death, October 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Fitzsimmons

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, wh

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boot Tit

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 126 Lombard St

Cause of death, First, (Primary,) Enteric Fever

Second, (Immediate,) Coma

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Holy Cross~~ St Patrick's

Date of Burial, Oct 25th 1882

Undertaker, John S Mackie

Place of Business, No 150 Camden

Bernard Boca

E R Griffith M. D.,

Medical Attendant.

Address, 57 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Questions and Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60917

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other persons superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23rd 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Kennard

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 7 Orchard St.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Tubercular Phthisis

Duration of last Sickness, About 4 or 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 26th 1882

Undertaker, Wm F Jordan

Place of Business, 68 Park Ave

W. B. Rider, M. D.
Medical Attendant.

Address, 195 N Arrent St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60918 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 [illegible] BALTIMO

CERTIFICATE OF DEATH.

Date of Death, Oct 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Ann Nicholson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* 6 *Months,* *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 269 E Madison

Cause of Death, First, (Primary.) Pulmonic Hemorrhage

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 26th

Undertaker, Geo. Schilling

Place of Business,

E. L. Baldwin M. D.,
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60919

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia K Heiss

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 35 *Years,* 1 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 50 North Green St

Cause of Death, First, (Primary.) Congestion

Second, (Immediate.) of Stomach

Duration of Last Sickness, 72 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk Cemetery

Date of Burial, Oct 26th

Wm Correll, *M.D.,*
Medical Attendant.

Undertaker, H. N. Trail

Place of Business, #121 Hanover St, *Address,* 162 S Charles St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60920 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

OCT 25 1882

CERTIFICATE OF DEATH.

Date of Death, Oct 24. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 367 N Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Poison (Eating Stramonium Seed)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, October 26

Undertaker, B. Hauke

Place of Business, 42 Wert St

Leonard Ort & Co M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 1882 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, 24th Oct. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sue R. Sunderland

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 Conway St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) "

Duration of Last Sickness, ab. 8 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Oct. 26' 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

J. Smallwood M.D.
Medical Attendant.

Address, 108 Paca
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60922 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. Oct. 23d. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Staken

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 10 *Months,* ..... 23 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 205 S. Durham St

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Oct. 25. 1882

John F. Kelberg M. D.,

Medical Attendant.

Undertaker, H. Sondheim Son

Place of Business, 202 Carlton St. *Address,* 2143 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6092 3 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 25? 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph German

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 8 *Years,* — *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 213 South Ann St

Cause of Death, { First, (Primary,) Small Pox
Second, (Immediate,) " "

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 25/82

James O. McShane *M. D.,* Medical Attendant.

Undertaker, Landers & Co

Place of Business, ... *Address,* 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60924 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24-82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Kimin

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* 11 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Brass Finisher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life-

Place of Death, {Give street and number.} 214 Prince St

Cause of death, First, (Primary,) Consumption of the Lungs.

Second, (Immediate,) Asthenia

Duration of Last Sickness, 9 months -

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct 26th 1882

Undertaker, F. Levi Schaefer

Place of Business, 109 N Fremont

John J. King M. D.
Medical Attendant.

Address, 215 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60925 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 25 1882

Date of Death, Oct 24th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Gilmans

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 503. E Monument St

Cause of Death, First, (Primary,) Taking of 5 Pills Worms & C Neumonia

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 25 1882

Alexander Finley M. D.,
Medical Attendant.

Undertaker, John Henning

Place of Business, 439 Columbus Ave

Address, Same.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below and to those on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6926 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE OCT 25 2 PM 1882

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Perry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 36 Vine St.

Cause of death, First, (Primary,) "Marasmus"

Second, (Immediate,) —

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Shaft St Cemetery

Date of Burial, Oct 26 82

Undertaker, Edward Maran

Place of Business,

H. T. Hill M. D.,
Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician in attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 60927 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Boss

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 1 *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} No 2 N. Bond St.

Cause of Death, First, (Primary,) Malarial fever

Second, (Immediate,) Consumption

Duration of Last Sickness, About nine weeks

All the above information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial, Oct 26 1882

Undertaker, Jas O Byrne

Place of Business 63 Franklin

Milton N Taylor M. D., Medical Attendant.

Address, 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma S. Bellerman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 29½ Argyle Av

Cause of Death, First (Primary,) Cancer

Second (Immediate,) Hemmhage

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 26 1882

J. Edwin Michael M. D.
Medical Attendant.

{*Undertaker,* Matthew Cadogan
Place of Business, 227 Mulberry St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to f within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Cert setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully ...ted to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 60929

Permit No. 60929 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A Gale

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. York

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number.} 149 Franklin St

Cause of death, First, (Primary,) —

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial,

Undertaker, H. Kuhnstamm

Place of Business, 409 N. Charles

M. F. Irwin M. D.,

A. P. Smith Medical Attendant.

Address, 155 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60930 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Gorkowski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 99 Thames St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, October 26th

Undertaker, M. Lippel

Place of Business, 151 E Bond St

John A Robertson M. D., Medical Attendant.

Address, 2053 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60931 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Sensency

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* 6 *Months,* *Days,*

Color, wht

~~*Married*~~, *Single*, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 55.

Place of Death, {Give street and Number.} 127 Linden ave.

Cause of Death, First, (Primary,) accidental fall from 3d story window fracture: jaw, left arm & left thigh

Second, (Immediate,) shock

Duration of Last Sickness, 3 hours

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Oct 26th 1882

G Lane Tanehill M. D.,
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, 476 Pitts ave *Address,* 129 N Biddle.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to the List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60932 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 10 S. Amity St

Cause of Death, First, (Primary,) Cyst of Liver

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, Oct. 26 92

Undertaker, G. Frazier

Place of Business, Bond & Ashe *Address,* [illegible]

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60783 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Congham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 3 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 1 North Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Oct. 26th 82

Undertaker, G. Franc

Place of Business, Banks & Wolf

Address,

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60734 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 25 - 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Gabler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X

Occupation, X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 578 S. Castle

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial St. Johns

Date of Burial, Oct. 26th 82

Undertaker, G. Francis

Place of Business, Bant & Wolfe *Address,* 298 Eutaw St.

James E. Duvall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 60935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L. Poole

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross ont the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 44 E. Eagle St

Cause of Death { First, (Primary,) Mal-nutrition
Second, (Immediate,) Enteritis

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Shrusbery P.a

Date of Burial, Oct 27 1882

Undertaker, John W Jackson

Place of Business, Cor Gay & Gordon

Thos S Latimer M. D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 60936

Office of Registrar of Vital Statistics.

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Hayes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 4r 6 Albemarle

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 26 1882

Undertaker, Thos J Hughes

Place of Business, 6 & 8 Bolton *Address,* 73 E Pratt St

Geo D Kinnemon M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 60987

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Emerick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Stove Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number.} No. 22 N. Paca St.

Cause of Death, First, (Primary.) Supposed heart disease

Second, (Immediate.)

Duration of Last Sickness, Death was sudden - Dead when I reached him.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cem.

Date of Burial, Oct. 26 1882

Undertaker, J. B. Cook

Place of Business, 709 Balto. St.

Wm. W. Murray *M.D.,*
Medical Attendant.

Address, 308 W. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60938 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Garlack

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 88 Albemarle

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Oct 26

Undertaker, Levy

Place of Business,

Chas J. Dean M. D.,
Medical Attendant.

Address, Cor Gilmor & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68989 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Jane Rock

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 2 *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Ladies Waiter.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Life time

Duration of Residence in the City of Baltimore, 57 Lees St

Place of Death, {Give street and number.}

Cause of death, First, (Primary,) Hypertrophy of the Heart

Second, (Immediate,)

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetary

Date of Burial, Oct 26th/82

Undertaker, H. McGuire

Place of Business, 8 & N. Central Ave

Edward J. McGinn M. D., Medical Attendant.

Address, 54 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 9 60948

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1882 1030 am

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Hette

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Sit *Years,* 8 *Months,* 25 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Invalid

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lit yrs Md

Place of Death, {Give street and number.} 158 W Lanvhard St

Cause of Death, First, (Primary.) Rickets

Second, (Immediate.) Inanition

Duration of Last Sickness, 5 yrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 27th/82

Undertaker, E. F. Krause

Place of Business,

H. P. M. Turnbull for Dr Turnbull M.D.,

Medical Attendant.

Address, 161 W Lanvhard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish orty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60711 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Suter

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, 88 *Years,* *Months,* *Days,*

Color, W.

~~*Married,* *Single,* *Widow* or *Widower,*~~ { Cross out the word not required in this line. }

Occupation, Farmer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } England 78 yrs

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 337 E. Chase St.

Cause of Death, { First, (Primary,) Second, (Immediate,) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 29th 1882

Undertaker, Hy W. Means

Place of Business, 46 N. Gay St

H. T. Reynolds M. D., Medical Attendant.

Address, 186 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10942

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

2 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Butcher

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 319 Canton Ave

Cause of Death, {First (Primary,) Prematur Birth

{Second (Immediate,) Prematur

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 26

Undertaker, H M Gemmes

Place of Business,

A. I. Cake *M. D.*
Medical Attendant.

Address, 237 Gough St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 60743

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wm Cunningham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, Days.

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 131 E. Pratt St

Cause of death, First, (Primary,) Unknown

Second, (Immediate,) Collapse from pain

Duration of Last Sickness, 24 hours. (about)

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 27th 1882

Undertaker, Denny & Mitchell

Place of Business, 165 S Broadway

Jno. S. Smith M. D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 8744 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Anderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 97 Lyon St. Baltimore

Cause of death, First, (Primary,) Typhus Malaria

Second, (Immediate,) Anthrax

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 27th 1882

Undertaker, Wm. H. Bishop

Place of Business, 97 S. Hill Ave.

H. Taylor M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60945 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept- 30th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Kelleher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, 3

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 8 Fall st -

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 30

Undertaker, J. McGinnis

Place of Business, 193 Thames st

Geo. B. Reynolds M. D.,
Medical Attendant.

Address, 772, Caroll -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 60946

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R. Bailey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Rhoads Creek Somerset Co Md

Duration of Residence in the City of Baltimore, 7 E. Ca Lee & Green

Place of Death, {Give street and number} 1 Lewis Place

Cause of Death {First, (Primary,) Dropsy Phthisis Pulmonalis

{Second, (Immediate,)

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Oct 26th 1882

H. H. Welsh M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 163 Light St *Address,* 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 60947

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mike R. Gayfart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ____ *Years,* 21 *Months,* ____ *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 weeks

Place of Death, {Give street and number.} 592 Harford Ave.

Cause of Death, First (Primary,) Inflamation of Bowels

Second (Immediate,) "

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bal Co Cemetery

Date of Burial, Oct 27

Undertaker, J. L. Powers

Place of Business, 125 Wards,

A. G. Watson M. D.
Medical Attendant.

Address 437 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to list of Diseases on Back of this Certificate.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Chambers.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 15 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 53 Stockholm St - all his life -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 53 Stockholm St.

Cause of Death, First, (Primary,) Marasmus -

Second, (Immediate,)

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Oct 27/82

Undertaker, Jacob Davis

Place of Business, 1016 Aisquith St

A. G. Watts M. D.
Medical Attendant.

Address, 282 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 6044

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6044 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha J. Sadler

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, Eleven (11) *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 13 Jefferson St Court

Cause of Death, { First, (Primary,) Inflammation Bowels / Second, (Immediate.) }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Oct 28 1882

Undertaker, J. J. Locke

Place of Business, #73 Jefferson St *Address,* 105 N. Central Ave

W. A. Fraser *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68750 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Octo 26 th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. McIntire

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 14 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Cor of Front & Fort ave & St

Cause of Death, First, (Primary,) Nasal Dyphtheria

Second, (Immediate,) Exhaustion & asphyxia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial, Oct 29 1882

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Wilmer Dorsey M. D.,
Medical Attendant.

Address, 25 ½ Gwynnns Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60751 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander B. White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1y 4 *Years,* 1 *Months,* 4 *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 S. Bond St.

Cause of death, First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) Coma.

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Octba 29th

Undertaker, Fred Goede

Place of Business, 29 S. Caroline St *Address,* 1 S. Broadway

Jas. S. Lynch M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 883

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Imie Hogarty

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Fem

Age, 15 *Years,* 5 *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York State

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} 473 Eastern ave

Cause of Death, First, (Primary,) Pleurisy

Second, (Immediate,) Pulmonale

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, October 29. '92

Jno C Benzinger M. D.
Medical Attendant.

Undertaker, H Lander & Son

Place of Business, 202 Eastern Ave

Address, N Cor Broadway Fells

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60963 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 27 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Octo 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin H. Gardner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 10 *Months,* *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 170 E. Baltimore st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Septicemia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Conv

Date of Burial, Oct. 27. 1882

Undertaker, H. Fandux & Son

Place of Business, 202 Canton Ave

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 6095

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Grant

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 0 *Months,* 0 *Days.*

Color, Light Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} No 69 Canal Alley

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Convulsions

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, Oct 27 - 1882

Undertaker, Wm M Madden

Place of Business, 46 East St

H F Bower M.D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office whence issued,

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60965 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin P Scriven

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 8 *Months,* 14 *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Brick-layer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} H 271 N. Eutaw st

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Loss of Blood

Duration of Last Sickness, Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 29th 1882

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw st

H L Grier M. D.,
Medical Attendant.

Address, 387 W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials, to [illegible] issued Saturday each week. 60956

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60956 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th October 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Finstein

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} S. Castle Street 28

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,)

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 28 Oct.

Undertaker, J. Boyd

Place of Business, 1 Bond

William Henkel M. D., Medical Attendant.

Address, S. Wolfe St. 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

for Burial to [illegible] No. 6876

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6876 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. McPhail

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 1 *Months,* 29 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 102 Ramsay St

Cause of death, First, (Primary,) accidental -

Second, (Immediate,) Internal injuries + Peritonitis -

Duration of Last Sickness, Thirty four hours

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Oct 27

Undertaker, J B Cook

Place of Business, 70 West Pratt

John Neff M. D.,
Medical Attendant.

Address, N.E. Co. Carrollton & Harlem Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ials to the Office whence issued Saturday of each week. 0.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60750 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Clarence Pease

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* ... *Months,* 13 *Days,*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 426 Lexington

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) diph- poisoning

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Dawdon Park

Date of Burial, Oct 27th 82

Undertaker, Walther Cadogan

Place of Business, 227 Mulberry St

W. F. Kemp M. D.,
Medical Attendant.

Address, 53 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Office whence issued Certificate of each week

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6097 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Scott

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 8 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 148 N. Spring St.

Cause of Death, First, (Primary,) Burn

Second, (Immediate,) .....

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 27th

Undertaker, Chas A Wiest

Place of Business, 58 Grady Ln

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor. Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burial ... Office whence issued, Saturday of each week. No. 60760

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60760 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Holstein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 26 S Wolfe

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Chronic Croup

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 27

Undertaker, G France

Place of Business, ...

Geo. H Brown M. D.,

~~Medical Attendant.~~

Address, 1411 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Henry M M Hewen

for Burials, to the Office whence issued, Saturday of each week

The Special Attention of [illegible] to Rules below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60761 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George S. Schwiensberg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 6 *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Asst Barkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 6 Hollins ab

Cause of Death, First, (Primary,)

Second, (Immediate,) Gun Shot wound

Duration of Last Sickness, 11 hours

All the above information should be furnished by the Physician.

Place of Burial, Ent. Matthews

Date of Burial. Oct. 27th 1882.

Alexander Turley M. D.,

Medical Attendant

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[over.]

for Burials to-day the Certificate whereof issued Saturday of last

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60762 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October the 26th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margerethe Malinda Collins

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 75 S. Spring St

Cause of Death, First, (Primary,) Sickly bourn and died with Spassum

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Laurl Cemetary

Date of Burial, Oct 27

Undertaker, Charles White

Place of Business, ...

Geo. W. Gibson M. D.,
Medical ~~Attendant~~.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60963 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Thos Cromwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 10 *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coach builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 42 1/2 N. Poppleton St

Cause of Death, First, (Primary,) Bronchitis, Emphysema with great prostration

Second, (Immediate,) Cystitis due to Enlarged Prostate

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Oct 29

Undertaker J B Cook

Place of Business,

S. M. Wilson M. D.,
Medical Attendant.

Address, 257 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 60764 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 27 1882 BALTIMORE

Date of Death, Friday Octo. 27th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Bell Linsday

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 4 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 269 N Gay St

Cause of Death, First, (Primary.) Phthisis Pulmonalis.

Second, (Immediate,) Exhaustion from high temperature

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 29th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Wilmer Barnlow M. D.,
Medical Attendant.

Address, 25½ Greenmount ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians ...

7

Permit No. 60965

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Kratz

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Farmer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St Josephs Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Acute Meningitis

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 28th

Undertaker, Geo. Schilling

Place of Business,

Oscar J. Baker M.D.,
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 67966 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Welsh.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ( ) *Years,* ( ) *Months,* 24 *Days.*

Color, Whit.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ( )

Place of Death, {Give street and Number.} 43 Hill St.

Cause of Death, First, (Primary,) Diff Hillary Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial. Oct 27th/82

Louis (illegible) Horn M. D., Medical Attendant.

Undertaker, C. J. Knauss

Place of Business, Address, 226 Melberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60967 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th Octob 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Manwell

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 53 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia Waldeck Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} S. Sharp St 320

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Weakness

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 30 October 1882

Undertaker, J. Koehler

Place of Business, S Sharp St

Dr. F. Reinhard M. D.,
Medical Attendant.

Address, 124 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68968 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OFFICE OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Osborn Ingle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} 358 Linden Ave

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Londenpark

Date of Burial, Oct 28

Undertaker, B H Blizzard

Place of Business, 198 Penn

Thos Shearer M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

17

Permit No. 60969

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Edward Adams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 331 William st

Cause of Death, First, (Primary.) Paronitis

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 28

Undertaker, B. Hurle

Place of Business, 82 West St

O. A. Cooke *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

// Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th of October 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Miller

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 62 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 40 Biddle Al

Cause of Death { First, (Primary,) Phthisis Complicated by Ascites
Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 28th.

Undertaker, C H Blizzard

Place of Business, 198 Penna ave

Frank J Flannery M. D.
Medical Attendant.

Address, Cor Wilson & Dimm

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60977 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Haiglund

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* ~~Days~~,

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 240 Cor Ann & Aliceana P.E.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 28th 1882

Undertaker, H. Sander & Son

Place of Business, 250 & 252, Canton Ave

Thomas P. Evans M. D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60972 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 27. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Gray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 7 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 117 York St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial. Oct 28 / 82

Undertaker, Jacob Davis

Place of Business, 103 Lee St N. Howard

W. S. Booze M. D.,

Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully ...

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Moran

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Yrs

Place of Death, {Give street and number} 15 Webster alley

Cause of Death First, (Primary,) Paralysis Agitans

Second, (Immediate,) This patient has not been seen by me for several months and the immediate cause of death therefore, unknown. 8 or 10 Yrs

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 29th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Thos. S. Latimer M. D.
Medical Attendant.

Address, 187 N. Bidle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 60974 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leo Burns

Sex, Male or Female, {Cross out the word not required in this line.} Ml.

Age, 2 *Years,* 4 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 4 McAllisters Ct.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Meningitis

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Oct 29th 10 Oclock

Undertaker, E & J Cannon

Place of Business, 38 Eager St

H. T. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60976 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence H Lehn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ? *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 7 mos. 22 days

Place of Death, {Give street and Number.} 43 Parkin st.

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Explanation

Duration of Last Sickness, 6 wks.

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Oct 29

Undertaker, Mr Dill

Place of Business, ...

Herbert Harlan M. D.,
Medical Attendant.

Address, Balto Gen. Dispy.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy H Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* 10 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 129 S Wolfe

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Pk. Cemetery.

Date of Burial, Oct 29th

[illegible] M. D.
Medical Attendant.

Undertaker, F. N. Doll

Place of Business, 131 Hanover St *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Permit No. 60977

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Comet Jackson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* - *Months,* ..... *Days.*

Color, Blk.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} -

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Found on the street.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 12 Welch alley

Cause of Death, First, (Primary.) Indigestion.

Second, (Immediate.) Pneumonia.

Duration of Last Sickness, -

All the above information should be furnished by the Physician.

Place of Burial, W P Cem

Date of Burial, Oct 28

Undertaker, L A Kerchner

Place of Business,

J. S. Wilkinson, *M.D.,*
Medical Attendant.

Address, Fayette & Pulaski.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60978 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Roberson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 4 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} # 57 Plum Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, Oct 28

Undertaker, Geo W Perkins

Place of Business, 230 Henrietta *Address,* 161 S. Stre[illegible]

[illegible] M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1882

CERTIFICATE OF DEATH.

Date of Death, 28th October 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Ward

Sex, Male or Female, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Barkeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number} 144 4 East

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 29 1882

Undertaker, Joseph. F. Byrne

Place of Business, 89 Liberty St *Address,* 51 Bonnie

H H Welch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to ...

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Abrahams

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 637 W. Fay. st

Cause of Death First, (Primary,) Puerperal Septicaemia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 16 days from delivery - 12th day disease

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 30th 1882

R. V. Mettlin M. D.
Medical Attendant.

Undertaker, Deming & Mitchell

Place of Business, 560 W. Fayette St. *Address,* 188 Sandtown St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

EMM

Permit No. 60781

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schorpler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 306 Lancaster

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Oct 29 1882

Undertaker, J. G. Schuck

Place of Business, 266 Aliceanna St *Address,* 306 E. Lancaster

E. Williams M. D.,
Medical Attendant.

OCT 29 1882 DEPARTMENT

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to this

Board of Health, City of Baltimore,

Permit No. 60782 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Adolfe~~ Adelbert C. Meyer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 1 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 143 W Lanvittee

Cause of Death, { First, (Primary,) Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 30

Undertaker, Henry Boice

Place of Business, Fremont St 81

Received Otto M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 60983

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Wainright Pennyfoot

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 11 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 20 Grove St City

Duration of Residence in the City of Baltimore, 1 yr 11 days

Place of Death, {Give street and number.} 20 Grove St

Cause of Death, First, (Primary.) Peritonitis Brain complications

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 30th

Undertaker, Geo Schilling

Place of Business,

E G Walls *M.D.,*

Medical Attendant.

Address, 41 N Bond

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60784 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Englehart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* .... 4 *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} Belair Road opposite Lenhyer Park.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Eclampsia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 29th

Undertaker, Geo. Schilling

Place of Business, ...

W. W. Pate, M. D., Medical Attendant.

Address, 317 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60985 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27 /82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick S. Kearney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 141 S. Eutaw

Cause of Death, First, (Primary,) Edema - Membranous Croup

Second, (Immediate,) Same

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Oct 29 82

Undertaker, G. Frances

Place of Business, Banks & Wolfe *Address,* 44 S. Broadway

F. L. Wilkes M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and conditions (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 60986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60986 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th. October 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Breitenbach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ———

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} S. Gutheims Court 25.

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Hydrothorax

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Oct. 29 82

Undertaker, G. Frank

Place of Business, Park & Wolfe *Address,* S. Wolfe St. 114

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 60987 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia O'Hara

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 258 N Howard St

Cause of death, First, (Primary,) Phthisis (Pulmonary)

Second, (Immediate,)

Duration of Last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Annearundle County

Date of Burial, Oct 31st 1882

Undertaker, Dennis McMechen

Place of Business, 530 W Fayette St

Geo H Lyster M. D.,
Medical Attendant.

Address, Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th of October.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regina Miller.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty four *Years,* Five *Months,* ——— *Days.*

Color, White *Sex,* Female.

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden. 28 years in U.S.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 224 E. Pratt.

Cause of Death, First (Primary,) Asthma.

Second (Immediate,)

Duration of Last Sickness, six months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery Martin Zeh M. D.

Date of Burial, Oct 30th 1882 Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway Address 75 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60989

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Clogg.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 195. Paltimore St.

Cause of Death, First, (Primary.) Mitral Insufficiency

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 30th 82 J. Lt. Geo. W. Leach M.D.,

Medical Attendant.

Undertaker, Denny and Mitchell

Place of Business, 65 N. Broadway *Address,* 128 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case was under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60990 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie May Rodman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 327 Orleans

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus Cem.

Date of Burial, Oct 29th 82

Undertaker, A. Kohler

Place of Business, 244 E. Lombard St. *Address,* 296 E Baltimore

James E Kneale M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60991

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arietta Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, House Maid

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, About 6 weeks

Place of Death, {Give street and number.} 39 Jews Alley

Cause of Death, First, (Primary.) Paralysis and general debility,

Second, (Immediate.)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Piney Grove Bal Co

Date of Burial, Oct 30 1882

Undertaker, Wilson Monroe

Place of Business, W. 62 East St

Ships By R.R.

D M Cathell M.D.,
Medical Attendant.

Address, 2 N Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2830 Franck

The Special Attention of Physicians is respectfully ...rected to the ...

Board of Health, City of Baltimore,

Permit No. 60992 *Office of Registrar of Vital Statistics.* Ward 14-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Arausch = Hake

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 5 *Months,* 12 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Home Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 yrs = In America 35 yrs

Place of Death, {Give street and Number.} 21 Granby St

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,) General Debility

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial. Oct 30th

Undertaker, Fred. Gaede

Place of Business, 29 S. Caroline St

A Hypothenzer M. D.,
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

284.7 Transit

Board of Health, City of Baltimore,

Permit No. 60993 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz. Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 36 Low St

Cause of death, First, (Primary,) Valvular dis of Heart

Second, (Immediate,) & Anasarca

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Oct 29th 1892

Undertaker, J. S. Lacks

Place of Business, 173 Jefferson

Edward F. McGrath M. D.,
Medical Attendant.

Address, 54 Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60994 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Wallon

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 73 *Years,* 5 (about) *Months,* *Days,*

Color, White

Married, ~~*Single*~~, *Widow* ~~or *Widower*~~, { Cross out the word not required in this line. }

Occupation, ~~Housekeeper~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, over 30 years

Place of Death, { Give street and Number. } 174 Preston St

Cause of Death, ~~First, (Primary,)~~ ~~Second, (Immediate.)~~ Old Age

Duration of Last Sickness, two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 30

Undertaker, Walter Immel

Place of Business, 315 West Biddle

Wm A Moale M. D.,
Medical Attendant.

Address, 152 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60775 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } — King

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 7 Aisquith St

Cause of Death, First, (Primary,) Congenital

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Oct. 30/82

D W Cathell M. D.,
Medical Attendant.

Undertaker, M J Brown

Place of Business, Residence 7 Aisquith Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60996 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 29. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Bowman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Preston St. S. side Cor. Ensor & Valley Sts.

Cause of Death, First, (Primary,) Chronic Nephritis (Bright's Disease)

Second, (Immediate,) Uraemia (Eclampsia)

Duration of Last Sickness, 2 years 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 31st 1882

Undertaker, Jas C Byrne

Place of Business, 63 Front St

Geo. A. Hartman M. D.,
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blanks on Back of this Card.

Board of Health, City of Baltimore,

Permit No. 6099 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gansemuller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 10 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No. 926 Aisquith St

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) 2 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Oct 30th 82

Undertaker, G. France

Place of Business, Bond & Wolfe *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physician is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60778 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED OCT 30 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amanda Hodges

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 4 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 46 Donnell St

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 30th 82

Undertaker, G. France

Place of Business, Bond & Wolfe *Address,* 52 Eutaw St

E. L. Wilson M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60999 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10.28.82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L Scott Walter Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 9 *Days,*

Color, ch

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and Number.} 10 Pine al

Cause of Death, First, (Primary,) Tetanus

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Octr 30th 1882

Undertaker, Edward Sievers

Place of Business, 52 Vine St.

M. D., Medical Attendant.

Address, 349 L

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians Is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61000 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th October 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Hahn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} Bank Street 117

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Angina maligna

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial. Oct 30 82

Undertaker, Michael Feeny

Place of Business, 335 Bank

William Hensel M. D.,
Medical Attendant.

Address, S. Wolfe n. 114

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61001 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Rhein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* — *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany. 1 year in U.S.

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and Number.} 202 Stirling St.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial Holey Cross

Date of Burial, Oct-30

Undertaker, C.H. Bizzard

Place of Business, 158 Penn *Address,* Cor. Eden & Baltic

E. B. Fenby M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61002 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 40 Little McElderry St.

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 30

Undertaker, F. W. Madden

Place of Business,

J. N. Cooman M. D.,

Medical Attendant,

~~Address~~, 244 E. Biddle St.

per E. B. Fenby, M. D.

Cor Eden & Biddle Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61003 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Wilkinson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 *Years,* 6 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 2 Elbow Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 31 - 1882

Undertaker, W W Madden

Place of Business, 76 East St

R. H. Hall M. D., Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the Remarks Re o*, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61884 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

Date of Death, Oct. 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Willinger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 230 E. Lombard St.

Cause of Death, First, (Primary,) Teething & Cholera Infantum

Second, (Immediate,) Convulsions

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial St. Aloysius Cem'y

Date of Burial, Oct 31 1882

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Henry Flook

Place of Business, 3 Of Centr Ave *Address,* Cor. Edw & Biddle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61665 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. West

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 40 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, about 5 years

Place of Death, {Give street and Number.} # 26 Camden

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct. 30th

Undertaker, F. N. Troll

Place of Business, 131 Hanover

I Certify, That I Attended Deceased from Oct 28 1882 to Oct 28 1882 that I last saw Deceased alive on Oct 28 1882 and that Death occurred, as stated above, at 1 o'clock P. M.

E. Bell, M. D.,
Coroner
Medical Attendant.
Address, 161 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6186 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parente.} Alfred P Amoss Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Live

Place of Death, {Give street and number.} 174 N. Carrollton Ave.

Cause of death, First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) Paralysis of the Brain

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, Nov. 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 215 N. Carrollton Ave

John J. Kirk *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 '82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Evans

Sex, Male or Female, { cross out the word not required in this line. }

Age, —— *Years,* 1 *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number } 53 [illegible]

Cause of Death, First, (Primary.) Malaria & Bronchitis

Second, (Immediate,) Debility & Exhaustion

Duration of last Sickness, 3 days [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem'y

Date of Burial, Oct 31" 1882

W F A. Jones *M. D.*
Medical Attendant.

Undertaker, D Ewing & Mitchell

Place of Business, 550 W Fayette St *Address,* 326 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

Board of Health, City of Baltimore,

Permit No. 61008

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 27, 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Meeds,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22, *Years,* *Months,* *Days.*

Color, Colored,

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House Girl,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, 14 Years,

Place of Death, {Give street and number.} No. 1 Mechanics Ct,

Cause of Death, First, (Primary.) Tuberculosis,

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four Months,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 30th 1882

Undertaker, J. H. Lucas

Place of Business, 173 Jefferson St

J. W. Chambers, M.D.,
Medical Attendant.

Address, 189 N. Gilmor St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mazey B. Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City all her life

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 26 Wayne St Balto Md

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29th 1882

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry Street

Wm. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61810 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 30 1882 HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert B. Snyder

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* ——— *Months,* 3 — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 253 S. Bond St

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } 253 S. Bond St

Cause of Death, First, (Primary,) — Cirbritis —

Second, (Immediate,) dr —

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Oct 30

Undertaker, C Kurz

Place of Business, ———

G A Dahmen M. D.,
Medical Attendant.

Address, E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Bayne

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Hotel-keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 9 & Ann St.

Cause of Death, First, (Primary,) Paralysis of Brain

Second, (Immediate,) do. do.

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 31st 1882

Undertaker, Gorsuch

Place of Business, 166 Balto St

J. Bacon M. D.
Medical Attendant.

Address, N.E. Cor Arlington Ave & Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to the List of Diseases on back of this Certificate.

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 6/012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR OCT 30 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Nevins Wales

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and number.} 722 N Paca St

Cause of Death, First (Primary,) Stomatitis and Tonsilitis

Second (Immediate,) Asphyxia.

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. Jno. T. Parker M. D.

Date of Burial, Oct. 31 1892 Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 709 W. Balto St *Address* 34 Division St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

17
Permit No. 61013

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva, Estelle Beachamp

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 101 William St

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 30th 1882

Undertaker, Armstrong & Denny

Place of Business, 263 Saint

H. B. Noble M.D.,
Medical Attendant.

Address, 50 Warren St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Permit No. 6014

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie E. McCubbin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 10 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ✓ Home

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Canada 2 Months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 525 Druid Hill av

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 30 1882

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

H. B. Noble M.D.,
Medical Attendant.

Address, 50 Warren av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 61015 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

VITAL STATISTICS OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julian E. Clarke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 14 Months, 4 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 34 Myrtle Ave

Cause of Death, First, (Primary,) Bronchial Catarrh

Second, (Immediate,) and Hooping Cough 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Octr 30th 1882

Undertaker, John S Macafee

Place of Business, No 150 Canton

Edwd F. Mechlin M.D., Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

15

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Clayton

Sex, Male or Female, { cross out the word not required in this line. }

Age, 21 *Years,* *Months,* *Days.*

Color, W

Married, ~~*Single,*~~ *Widow or Widower,* { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 15 Hull St

Cause of Death { First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 31st 1882

H. W. Wiebeck M. D.
Medical Attendant.

Undertaker, John Boucher

Place of Business, No 150 Camden St *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Katie Herrmann

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 101 Hamburg St

Cause of Death First, (Primary,) Chronic Croup Two days

Second, (Immediate,)

Duration of last Sickness, 8 weeks ago Laid Nasal Diphtheria, more or less sick ever since

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct. 31st 1882

Robert S. Lowe M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 323 Light St & 143 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is called to the Regulations on the other side.

Board of Health, City of Baltimore,

Permit No. 61878 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Albert Rode

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 13 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and Number. } 873 Canton Ave.

Cause of Death, First, (Primary,) Tuberculous Meningitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Lawn

Date of Burial, Oct. 30th 1882

Undertaker, Wm. Saunders Son

Place of Business, 252 Canton Ave

E. J. Lloyd M. D., Medical Attendant.

Address, 873 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61819 *Office of Registrar of Vital Statistics.* Ward 15.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th October 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Davis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 238 Hughes St.

Cause of Death, First, (Primary,) Gastric = Intermittent fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 31 1882

Undertaker, C S McCuse

Place of Business, [illegible]

J. A. Dyer M. D., Medical Attendant.

Address, 146 Hill St.

[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Henry Lincoln

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 5 *Years,* 6 *Months,* 15 *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co. 3 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 144 Sarah Ann. st

Cause of Death {First, (Primary,)} Consumption of Lungs

{Second, (Immediate,)} Ex Rubeola

Duration of last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer

Date of Burial, Oct 31

Undertaker, E Wehrman

Place of Business, 198 Howard st

J. H. Branham M. D.
Medical Attendant.

Address, 359 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Memoranda Below, ...

Board of Health, City of Baltimore,

Permit No. 61021 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Huber

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 22 Lee st

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial. Oct 30 1882

{ *Undertaker,* C. F. Krause
{ *Place of Business,* 269 Hanover

Herbert Boyle M. D.
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61022 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magdalen Kerzot

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 73 O'Donnell St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 73 O'Donnell St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 hrs 26 -

All the above information should be furnished by the Physician.

Place of Burial, Hollis Point Cemetery

Date of Burial, Oct 31th 1882

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

E. D. Williams M. D., Medical Attendant.

Address, 53 Ellwood St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 61023

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 7 Bethel ct

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, W Colemans

Date of Burial, Oct 30

Undertaker, E P Cen

Place of Business,

Geo. H. Jones M. D., Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Henry McM Keown

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61824 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED OCT 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Sillbacl

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ~~3 days~~

Place of Death, {Give street and Number.} E Henry St

Cause of Death, First, (Primary,) Diphtheria, Malignant

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Oct 30 1882

Undertaker, Armstrong & Dewey

Place of Business, 263 Light St. *Address,* 312 Light St

R. V. Ellis M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is ... Certificate.

Board of Health, City of Baltimore,

Permit No. 61823 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED OCT 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Octo. 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Milenburg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 49 Years

Place of Death, {Give street and number.} 259 Battery av

Cause of death, First, (Primary,) ...

Second, (Immediate,) Dropsy

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, October

Undertaker, J. Hook

Place of Business, 42 West St

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61026 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 29 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Herdel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* 5 *Months,* 16 *Days.*

Color, W

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 24 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 South alley

Cause of death, First, (Primary,) Enteritis

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphas

Date of Burial, Oct 31

Undertaker, P. Clark

Place of Business, 82 West St

A Dillon M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... this Certificate.

Board of Health, City of Baltimore,

Permit No. 61827 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Connor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} No. 193 E. Lombard St

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks Cemetary

Date of Burial, October 31st 82

Undertaker Henry McGinnis

Place of Business, 840 Central Ave

... M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61028 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Austin Morbing

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* 8 *Months,* 13 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and Number.} 438 N Eutaw Place

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) do Exhaustion

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 1st 1882

Undertaker, New Jenkins & Son

Place of Business, 75 N Charles St

W. H. Hammond M. D.,
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61829 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE OCT 31 1882

CERTIFICATE OF DEATH.

Date of Death, Oct. 30/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josinski

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ~~5~~ *Years,* ~~5~~ *Months,* 5 mos, *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 54 Lancaster

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem

Date of Burial, Oct 31st 82

Undertaker, G. France

Place of Business, Bant & Wag Address, 117 Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61030 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Killalea

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and Number.} 186 Greenmount Ave

Cause of Death, First, (Primary,) Morbus Brightii

Second, (Immediate,) "

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 31st

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Thomas Opie M. D., Medical Attendant.

Address, 39 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to [illegible]

3

Board of Health, City of Baltimore,

Permit No. 61031

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Wilmore

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Washing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 9 Bethel St 28.

Cause of Death, First, (Primary.) Hospitalis

Second, (Immediate.) Phthisis

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 31st 1882

Undertaker, F J Loos

Place of Business, 73 Jefferson St

John H Schultz M.D.,
Medical Attendant.

Address, N E Lombard & Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

Permit No. 61032 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Banks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, Forty Five Years

Place of Death, {Give street and Number.} 223 N Dug[illegible]

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three years

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 31 1882

Undertaker, J J Locke

Place of Business, 73 Jefferson *Address,* [illegible]

Geo H [illegible] *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61033 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 30/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Irene Waters

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 10 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 122 S. Ann St.

Cause of Death, First, (Primary,) Diphtheria Malign

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Nov. 1. 1882

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Mandatory Duty [illegible] this Certificate.

Board of Health, City of Baltimore,

Permit No. 61034 *Office of Registrar of Vital Statistics.* Ward X5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four Hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Leahy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Gardener

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 192 N. Bond St

Cause of Death, First, (Primary,) imperfect digestion

Second, (Immediate,) general exhaustion and old age

Duration of Last Sickness, not known to me

All the above Information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem

Date of Burial, Nov 1

Undertaker, Deaver

Place of Business, 74 S. Bond

Milton N. Taylor M. D.,
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maurice Ramer

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 269 N Stricker

Cause of Death, First, (Primary,) Diffused Bronchial

Second, (Immediate,) Catarrh

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Hanover St Cemetery

Date of Burial, October 31

E W Eliason M. D.
Medical Attendant.

Undertaker, W. Eaglan

Place of Business, 101 Gough st

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Benjamin Brohawn

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, ——— *Years,* 2 *Months,* 15 *Days.*

Color, white

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give street and number} 469 East Lombard St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Marasmus

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Salisbury Md

Date of Burial, Nov. 1. 1882

Undertaker, M. A. Dauger

Place of Business, 744 S. Broadway

Jos C Benjamin M. D.
Medical Attendant.

Address, S Cor Baltimore & Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... this Cert...

Board of Health, City of Baltimore,

Permit No. 61837 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 30 - 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred. Haake

~~*Sex*~~, *Male* ~~*or Female*~~, { Cross out the word not required in this line. }

Age, — *Years,* 6 *Months,* — *Days,*

Color, W. B.

~~*Married, Single,*~~ *Widow or Widower,* { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Main Road

Cause of Death, { First, (Primary,) Ecampoid Pneumonia / Second, (Immediate,) }

Duration of Last Sickness, 1 day

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, Oct 31st /82

Undertaker, G. W. Small

Place of Business, 131 Hanover *Address,*

J. Matthew *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61838 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th October 82.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Caroline Heck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 10 *Months,* 12 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and Number.} 91 Pearl

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Typhoid & Tuberculosis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, November 1st

Undertaker, Wm J. Tiernan

Place of Business, 65 S. Eutaw

Louis C. Hoen M. D.,
Medical Attendant.

Address, 226 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule of Disease [illegible]

Board of Health, City of Baltimore,

Permit No. 61839 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Loof

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Mary

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ... ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give street and number.} 701 Parish alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bulto[illegible] Road

Date of Burial, Oct 31 1882

Undertaker, William Dunze

Place of Business, No 62 Eastshet

O. Edw Jarvis M. D.,
Medical Attendant.

Address, 245 E Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61040 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Walter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S.E. Cor. Jefferson & Ann sts.

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 31, 1882

Undertaker, John Herring

Place of Business, 382 Aliceanna st.

J. H. Collins M. D.,
Medical Attendant.

Address, 369 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimore,

Permit No. 61041 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL, CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace M. Herbert.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 127 Hanbury St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 1st 1882

Undertaker, Austin Gump

Place of Business, 268 Light

R. J. N. Tall, M. D., Medical Attendant.

Address, 152 Shaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is ...

Board of Health, City of Baltimore,

Permit No. 61842 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Chas Collies~~ Oct 29. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Collies

~~Sex~~, Male or ~~Female~~ {Cross out the word not required in this line.} Male

Age, 14 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 80 Lee St

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 80 Lee St

Cause of Death, First, (Primary,) Congestion Brain

Second, (Immediate,) .....

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 31st 1882

Undertaker, Armstrong & Jenny

Place of Business, 263 Light St

T. M. Gravatt M. D., Medical Attendant.

Address, 90 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 61043 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 30 / 82

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida Jacobi Meyer

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 81 *Years,* 2 *Months,* — *Days,*

Color, Wh

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and Number. } 333 Canton Ave

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, Nov 1th 1882

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,*

[illegible] M. D.,

Physician in Attendance.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 6/8414 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty Four *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 209 Mulliken St

Cause of Death, First, (Primary,) Child bed

Second, (Immediate,) Puerperal Fever

Duration of Last Sickness, Two Days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 31 82

Undertaker, Abm Hemsley

Place of Business, 116 Orchard St

Wm H Claudius, M. D., Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is ...

Board of Health, City of Baltimore,

Permit No. 6/0415 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Glock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — 79 — *Years,* — 11 — *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} 56 Lemmerstreet

Cause of Death, First, (Primary,) Old age "Senility"

Second, (Immediate,) — —

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Md.

Date of Burial, Nov 1, 1882

Undertaker, Henry Hoeck

Place of Business, 57 Lombard

C. W. Adam M. D., Medical Attendant.

Address, 56 Lemmerstreet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Th? Special Attention of Phy...

Board of Health, City of Baltimore,

Permit No. 61846 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Harris.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} #12 Jarvis alley, Emerson.

Cause of Death, First, (Primary,) Hepatitis Parenchymatous

Second, (Immediate,) Uraemia

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, West Pub Cemy

Date of Burial, Oct 31/82

Undertaker, Fred'k Teichner

Place of Business, #50 S Carrollton Ave

James J Timm M. D.
Medical Attendant.

Address, #110 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases.

Board of Health, City of Baltimore,

Permit No. 6184 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HALL OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Peter Jackson~~ Oct 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Garnish

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single~~, *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge, Md.

Duration of Residence in the City of Baltimore, Six weeks

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Vesico Vaginal Fistula

Second, (Immediate,) Paralysis of Heart

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Oct 31/82

Undertaker, Jno D. Kirchner

Place of Business, 50 S. Carroll St. Store

Frank West M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61878 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Griffin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Fall down Stairs - Fracture of

Second, (Immediate,) Exhaustion Nervous Shock. Premature birth of her infant

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial. Oct 29

Undertaker, M Cadogan

Place of Business,

Alexander Finley M. D.,

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is [illegible]

Board of Health, City of Baltimore,

Permit No. 6/049 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Douglas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} Byrd St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheretic Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Nov 1 1882

Undertaker, Matthew Cadogan

Place of Business,

by Leonard Coke M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attorney

Board of Health, City of Baltimore,

Permit No. 61050 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Lemaw

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2785 Ann St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, I G W Cem

Date of Burial, Oct 31

Undertaker, W Nicolaus

Place of Business,

Geo. W. Dawson M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61051 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Hahn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Can Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 57 N. Eden st

Cause of Death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of Last Sickness. 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 1st

Undertaker, Geo Schilling

Place of Business,

O S Mahon M.D.
Medical Attendant.

Address, 1013 E Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6182 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Willslager

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 222 Alice Anna St

Cause of Death, First, (Primary.)

Second, (Immediate,) Old age.

Duration of Last Sickness, Two Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Nov 1 1882

Undertaker, H. Sander Son

Place of Business, 202 Eastern Ave

Nicholas L. Dashiell M. D., Medical Attendant.

Address, 217 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61653 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31th. October 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Buttner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* —— *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} Essex street 23.

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Nov 1 1882

Undertaker, H. Sander (Jen)

Place of Business, 202 Canton Ave

William Henkel M. D., Medical Attendant,

Address, S. Wolfe & 11 E.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 61054

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Catherine Hilbert

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 10 *Months,* 2 *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 50 Years

Duration of Residence in the City of Baltimore, To Druid Hill av.

Place of Death, {Give street and number.} & Eutaw

Cause of Death, First, (Primary.) Hemiplegia

Second, (Immediate.) 9 mo.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 1 1882

Undertaker, Philip L. Dice

Place of Business, 183 Columbia Av,

W. D. Keyser M.D.,
Medical Attendant.

Address, 9 N. Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respe...

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Permit No. 61055

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in x last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1922 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Linica Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 62 Clarks Court

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Inanition

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 31

Undertaker, Ed Lewis

Place of Business, ...

Edwards M.D.,

Medical Attendant.

Address, 51. N Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attendance [illegible]

Board of Health, City of Baltimore,

Permit No. 61066 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 31 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2 Jenkins alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 31

Undertaker, W H Dunger

Place of Business, ...

Geo. W. Jones M. D., Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention...

Board of Health, City of Baltimore,

Permit No. 61057 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Sanders

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days,*

Color, cd

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 149 York st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small. Pox

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial. Oct 29/82

Undertaker, F. A. Kerchner

Place of Business, 30 S. Carrollst

Geo. W. Brown M. D., Medical Attendant.

Address, Cor of Stiles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Geo. E. Brown

[over.]

Board of Health, City of Baltimore,

Permit No. 61837 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31 st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bowley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days,*

Color, W

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 10 Peach Alley near

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Oct 31/82

Undertaker, F. A. Kerchner

Place of Business, 50 S Carroll

Geo. H. Jones M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Geo. E. Brown

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61059 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine German

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 213 S Ann St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Bronchitis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 1 1882

Undertaker, H Sander & Son

Place of Business, Canton Ave. *Address,* 1st W Broadway

James F. Thorland M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 12 of Regulations.

3

Board of Health, City of Baltimore,

Permit No. 69068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th October

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Horst

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 18 *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} 21 Spring row.

Cause of Death, First (Primary,) Blood poisoning.

Second (Immediate.)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov. 1st

Martin Deh. *M. D.*

Medical Attendant.

Undertaker, Wendelin Dippel

Place of Business, S. Bond st. 151

Address 75 S. Bond str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 6186 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S OFFICE 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Hunt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} .....

Age, 5 *Years,* 3, — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virg.

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 43 Cambridge st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small-pox.

Duration of Last Sickness, 10 days, — (Tonsilitis previous)

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 1

Undertaker, W Lynch

Place of Business, 157 E Pratt

A. V. Gosnell, M. D.,
Medical Attendant.

Address, 253 E. Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61862 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Shram

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 546 Fayette St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 1

Undertaker, W. Dysart

Place of Business, ...

Geo. F. Cann M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61063 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Galeward

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 10 *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 5-3 Short St-

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Gastritis

Duration of Last Sickness, 10 Days-

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 30th 1882

Wm. L. Russell M. D.,
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 238 h Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ...

Board of Health, City of Baltimore, 1882

Permit No. 6064 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Belz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Nine *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 420 Caroline

Cause of Death, First, (Primary,) Dysentery - Cause necrosis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem

Date of Burial, Oct. 1st 82

Undertaker, G. Francis

Place of Business, 1 Bank & Wash

F. L. Wilkin M. D., Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ...

Board of Health, City of Baltimore.

Permit No. 6/865 *Office of Registrar of Vital Statistics.* Ward 12

NOV 1882

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Rudkowsky Male

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 26 S. Ann

Cause of death, First, (Primary,) ———

Second, (Immediate,) Spasms Fit

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. R. Thomas

Date of Burial, Nov 4th 82

Undertaker, G. Franco

Place of Business, Fayette & Wolfe

L O Diderich M. D., Medical Attendant.

Address, 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61866 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *face written out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 11 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30/1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena C. Lantner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 4 *Months,* 22 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 132 Saratoga St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, Seven Months

All the above Information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial Nov 2nd 1882

Undertaker, A. Rosenberger

Place of Business, 70 Madison Ave

A. Freudenthal M. D.,
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6186

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Cole

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, House wife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ded

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } Cor Franklin & Paca Sts

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, November 1.

Undertaker, Walter Emmert

Place of Business, 315 West Baltimore

H. Miller, M. D.,
Medical Attendant.

Address, 887 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61068

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stewart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 190 Columbia Ave

Cause of death, First, (Primary,)

Second, (Immediate,) Imperfect closure of the Foramen Ovale Heart disease

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Nov. 1 1892

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

A. H. Carey *M. D.,* Medical Attendant.

Address, 76 S. Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 6106

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Erwin Abbott

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Hardware Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 157 Edmondson Avenue

Cause of Death First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Pulmonary Hemorrhage

Duration of last Sickness, About Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Nov 2 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

Jos. Clay Mitchell M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

Board of Health, City of Baltimore,

Permit No. 61866 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Frank McComas

Sex, Male ~~Female~~ {Cross out the word not required in this line.} Male

Age, 3 31 *Years,* 10 *Months,* ——— *Days.*

Color, White

~~Married~~, *Single,* ~~Widowed~~ {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} # 357 Lexington St 3rd door from Fremont St.

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Consumption of Lungs

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov. 3 1882

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

J. H. Hoffmond, M. D.,
Medical Attendant.

Address, 277 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 6107 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alpina Morgan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 5 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 116. Ramsay St

Cause of Death, First, (Primary,) Erysipelas (Scul)

Second, (Immediate,) Pulmonary Congestion

Duration of Last Sickness, 3 Wks

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Nov. 2, 1882

Undertaker, J. B. Cook & Jno W Hook M. D., Medical Attendant.

Place of Business, 709 W Balto St. *Address,* 168 E Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 61872 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday October 31 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Lewis Lawson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } 225 Cookson Street

Cause of death, First, (Primary,) Indigestion

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, County Cemetery

Date of Burial, Nov. 1882

Undertaker, John C. Smith

Place of Business, 265 Aisquith

Simmons Thomas M. D.,
H C
Medical Attendant.

Address, 561 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ...

Board of Health, City of Baltimore,

Permit No. 61073 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml H. Patrick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Watchman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 10 George St.

Cause of death, First, (Primary,) Accidental

Second, (Immediate,) Diffused Cellulitis & Peritonitis (from Pelvic Injuries -

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 1 1882

Undertaker, C W Bryan

Place of Business, 182 Penna ave

John Neff M. D.,
Medical Attendant.

Address, N.E. Cor Hamilton & Harlem Aves

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61874 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE NOV 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31/882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa A. Boyd

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, 14 *Years,* 4 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, Chiren

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 7 Clay St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Heart Disease

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Saint Marys Balto Co

Date of Burial, Nov 2nd 1882

Undertaker, Andrews & Hodges

Place of Business, 4 & 6 Druid Hill Ave

A. Knapp Steinhagen M. D.,
Medical Attendant.

Address, 118 Hast St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to use of Diseases

8

Board of Health, City of Baltimore,

Permit No. 61075

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 1
1882
REGISTRY

CERTIFICATE OF DEATH.

Date of Death, October 31, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Denis O'B. Tracy.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 50 *Years,* — *Months,* — *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, About 22 years.

Place of Death, {Give street and number.} 584 Harford avenue.

Cause of Death, First (Primary,) Hemiplegia. (Intemperate)
Second (Immediate,) Exhaustion.

Duration of Last Sickness, About one week.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 1st 1882

Chas. H. Elwell, M. D.
Medical Attendant.

Undertaker, Chas P Byrne

Place of Business, Front st

Address 548 Harford avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the

7

Board of Health, City of Baltimore

Permit No. 61076

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct- 31, et- 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Richards
Mary Richards

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Gay + Washington Sts.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Gay + Washington Sts.

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Consumption

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Nov. 1st 1882

Undertaker, Wm. F. Richardson

Place of Business, 934 N. Gay St.

Truman F. Hill M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61077 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Inscoe

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 41. *Years,* 4 *Months,* 18 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } 61 - L Montgomery St

Cause of Death, First, (Primary,) Bright's disease of the kidney

Second, (Immediate,) Malarial Fever & Dropsy

Duration of Last Sickness, 3 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov 1st 1882

Undertaker, Wm. J. Tiekner

Place of Business, 65 S. Eutaw st

Harwood Carter M. D., Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimo

Permit No. 61078

OFFICE OF REGISTRAR OF VITAL

NOV 1882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th Oct 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Beeler

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.} Female

Age, Seventy *Years,* ~~[illegible]~~ *Months,* ~~[illegible]~~ *Days.*

Color, White

Married, ~~*Single,* *Widow or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, ~~[illegible]~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington Co Md

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number} 326 Lexington St

Cause of Death, First, (Primary.) Disease of Covering of Brain

Second, (Immediate.) Paralysis

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown

Date of Burial, Nov. 1 Wed

Undertaker, ~~[illegible]~~ Wm Mc Coy & Co

Place of Business, ~~[illegible]~~

G. B. Beeler M. D.
Medical Attendant.

Address, 326 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6107 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther Smith.

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 11 *Months,* — *Days,*

Color, colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} No 8 L. Mc Clellan st.

Cause of Death, First, (Primary,) Consumption from Lungs

Second, (Immediate,) Disentery.

Duration of Last Sickness, About 11 months.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 1. 82

Undertaker, Chas. A. White

Place of Business, 65 Granby st Address, N. E Despard Monument

John McCormac M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of ... to the ... herewith.

Board of Health, City of Baltimore,

Permit No. 6188 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 30. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Cunningham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 175 N. Spring st.

Cause of Death, First, (Primary,) Chronic alcoholism

Second, (Immediate,) Apoplexy (Cerebral)

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, November 1st, 1882

Geo. A. Vastine M. D.,
Medical Attendant.

Undertaker, Wm. H. Cickman.

Place of Business, 234 N. Gay St. *Address,* 305 ½ N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Called to the Certificate.

10 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st, 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Delozier

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, ~~Single, Widow or~~ ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} E Saratoga St.

Cause of Death, First, (Primary.) Cardiac Dropsy

Second, (Immediate.)

Duration of last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, Nov. 1st 1882

W. B. Rider, M. D.
Medical Attendant.

Undertaker, Saml. W. Chase

Place of Business, 198 E. Howard St. *Address,* 195 N. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ... to this Certificate.

Board of Health, City of Baltimore,

2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octob 31th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} mary George

Sex, Male or Female, {Cross out the word not required in this line.} Femal.

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, white *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —— ———

Occupation, ——— ——— ——— ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 44 Thames Street. Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 44 Thames Street ——

Cause of Death, First (Primary,) faint Seat in Bett.

Second (Immediate,) ——

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, November 1

Charles Koerner M. D.
Medical Attendant.

Undertaker, H. Dippel

Place of Business, 15, Bond St Address 214 South Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6183 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 31, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Gales

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, / *Years,* 13 *Months,* — *Days,*

Color, Black

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nun

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 26 Skewbery al.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) consumption

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 1 1882

Undertaker, William Doring

Place of Business, No 62 East Shet

J Ann Hood M. D.,
Medical Attendant.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6184 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Not known *Years,* but supposed to be a few months *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Few moments

Place of Death, {Give street and Number.}

Cause of Death, First, (Primary,) Violent Strangulation

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, Oct. 31/82

Undertaker, Fred A Kirchner

Place of Business, 450 S Carrollton Ave

Alexander Taylor M. D.

M[illegible]

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61085 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Earnest Sanders

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 7 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } University Hospital

Duration of Residence in the City of Baltimore, 5 Weeks

Place of Death, { Give street and Number. } St Vincents Orphan Asylum

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Bay

Date of Burial, Nov 1

Undertaker, Pat Hunt

Place of Business,

Smith M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61086 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Duncan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 48 *Years,* 5 *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} ~~Married~~

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} No ~~228~~ Micanna St

Cause of Death, First, (Primary,) (Typhoid) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Novbr 3th 1882

Undertaker, Wm. Nicolans

Place of Business, 26 Aliceanna

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6087 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Rasmussen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Every Life

Place of Death, {Give street and Number.} 318 Alice Ann St

Cause of Death, First, (Primary,) Nephritis

Second, (Immediate,) Meningitis

Duration of Last Sickness, 3 Months 15 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Lasmel Centry.

Date of Burial, Novbr 2th 1882

Undertaker, Wm Nicolaus

Place of Business, 253 Alice Ann

E. Flug M. D.,
Medical Attendant.

Address, 142 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is ...

13 **Board of Health, City of Baltimore,**

Permit No. 61088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octob 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Betz

~~Sex~~, *Male or ~~Female~~,* {cross out the word not required in this line.}

Age, 52 *Years,* 4 *Months,* 18 *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Dealer in Hardware

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number} 7 Pearl St.

Cause of Death First, (Primary,) Typhoid fever

Second, (Immediate,) asthenia

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Nov. 2,

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

J Hollenweck M. D.
Medical Attendant.

Address, 137 Wheeler St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61889 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Herfel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 N. Wolf

Cause of death, First, (Primary,) Variola

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days, did not see the case until to day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, November 2nd 82

Undertaker, G. Franz

Place of Business, Bonts & Wolfe

F. W. Gollenberg, M. D., Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61994 *Office of Registrar of Vital Statistics.* Ward 61090

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Irena Studzinska

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 5 *Years,* 0 *Months,* 0 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Poland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and Number. } 54 Lancaster st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, H. Johnson Cemetery

Date of Burial, Nov 2nd 1882

Undertaker, L. Ivance

Place of Business,

Chas. V. T. Green M. D., Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 61091

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walter Mullen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 95 Fort avenue

Cause of Death, First, (Primary.) Brights Disease

Second, (Immediate.) Convulsions

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemet.

Date of Burial, November 2

Undertaker, B. Hall

Place of Business, 42 West St.

A. T. Burke *M.D.,*

Medical Attendant.

Address, 575 Lig...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61672 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} John J. Clark

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt 30 Years

Place of Death, {Give street and Number.} 97 Cambridge St

Cause of Death, First, (Primary,) Suicide from Laudanum

Second, (Immediate,) Coroners Inq

Duration of Last Sickness, abt 3 hours

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cy

Date of Burial, Nov 3

Undertaker, W Digard

Place of Business, 157 E Bond

Chas. A. Gill M. D., Coroner & Ex Medical Attendant.

Address, 62 E Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Permit No. 61093

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 2 Groves Lane

Cause of Death, First, (Primary.) Opium Poisoning (Accidental)

Second, (Immediate.)

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Nov 2

Undertaker, C Krause

Place of Business,

(Dr. T. Cooke) *M.D.,*

Medical Attendant.

Address, 515 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61874 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Powell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 43 N. Pulaski St

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Pulmonary Disease of Heart

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Nov 13

Undertaker, J R Woods

Place of Business,

H L Shuman M. D.,
Medical Attendant.

Address, 327 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6/895 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 1. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret R Crandell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 6 *Months,* 15 *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and Number.} 885 W Pratt St

Cause of Death, First, (Primary,) Gastric ulcer

Second, (Immediate,)

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov. 2. 1882

Undertaker, J B. Cook

Place of Business, 707 W. Balto. St

James Bosley M. D.,
Medical Attendant.

Address, 319 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61696 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Simms

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 2 Essex

Cause of Death, First, (Primary,) Acute Meningitis - probably due to

Second, (Immediate,) Convulsions - Uremic

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial Baltimore, Md.

Date of Burial, Nov. 2d, 1892

J. L. Whitten M. D., Medical Attendant.

Undertaker, H. Saunders & Co

Place of Business, 252 Montford Ave, Address, 7 & Bealey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully ... this Certificate.

Board of Health, City of Baltimore,

Permit No. 6107 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Randall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* ... *Months,* ... *Days,*

Color, ...

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Md~~ Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 137 S. Central Ave

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Bright's disease

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y

Date of Burial, Nov 2d 1882

Undertaker, Thos J Hughes

Place of Business, 60 E Balto

J. W. White, M. D., Medical Attendant.

Address, 367 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

20

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. N.ᵉ Andabaugh

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 53 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mechanicstown, Pennsylvania

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} 262 Argyle Ave

Cause of Death, First (Primary,) Bright Disease

Second (Immediate.) Asthma and Dropsy

Duration of Last Sickness, More than 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J. L. Chew M. D.

Date of Burial, November 2ⁿᵈ 1882 Medical Attendant.

Undertaker, Wm Weaver *Address* 141 Lanvale St

Place of Business, No 202 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 61099 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 2 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Schmitt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 169 Warren St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 2

Undertaker, B Hyde

Place of Business,

Geo. H. Dunn M. D.,
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61100 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

Date of Death, November 2nd. 1882 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Hyde

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XXX

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 57 Lamburge

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) .....

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial Md Carmel Cemetery

Date of Burial, Nov 2th 1882

Undertaker, Caspar Edelhardt

Place of Business, 269 Canton Ave *Address,* 299 E Fells St

James E Emerle M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention ... Certificate.

Board of Health, City of Baltimore,

Permit No. 61101 *Office of Registrar of Vital Statistics.* Ward 2nd.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rodary

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 31 *Years,* 9 *Months,* 25 *Days,*

~~Color~~, Colored.

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Widower

Occupation, Teacher.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 211 S. Bethel Street.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption.

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Dallas A Bennett

Date of Burial, Nov 3rd 1882

Undertaker, J J Lee

Place of Business, 713 Jefferson st

N. L. Dashiell, Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6702 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Wigand

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* ~~1~~ *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 202 Cookson St

Cause of death, First, (Primary,) Hydrocephalus

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks - Dr was called 5½ hours before death

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Nov 3 1882.

Undertaker, John Hennessy

Place of Business, 352 Orleans St

L B Facetti M. D.,

Medical Attendant.

Address, Fortieth & Johnson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

B 3

Board of Health, City of Baltimore,

Permit No. 61103

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dennis

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 49 Spring St -

Cause of Death, First, (Primary.) Dissipation

Second, (Immediate.) Paralysis of the heart -

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Nov 2. 1882

Undertaker, Charles A White

Place of Business, 35 Granby St

Geo. L Kammerer M.D.,
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61104 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan McCammon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Non Resident Residence Hagerstown Md

Place of Death, {Give street and Number.} 325 Collins

Cause of Death, First, (Primary,) Malarial Fever old age

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md

Date of Burial, Nov 3rd 1882

Undertaker, Hor B Cook

Place of Business, No 707 W Baltimore Street

James Bosley M. D.,
Medical Attendant.

Address, 319 Collins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is ... this Certificate.

Board of Health, City of Baltimore,

Permit No. 61165 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 2 1882

CERTIFICATE OF DEATH.

Date of Death, November 1, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Chapman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 23 Guy's St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Chronic Diarrhea

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cy

Date of Burial, Nov 3/82

Undertaker, STEPHEN S. HOWEN, UNDERTAKER, 37 Park Ave.

Place of Business,

I. N. Hauck M. D., Medical Attendant.

Address, 75 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is ... this Certificate.

Board of Health, City of Baltimore,

Permit No. 61106 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Ann Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 6

Place of Death, {Give street and Number.} 65 Plum alley

Cause of Death, First, (Primary,) ~~Cholera Infantum~~ Is Dysentery

Second, (Immediate,) Dys Chronic

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 3

Undertaker, Hercules Ross

Place of Business, 95 Lexington St.

R. M. Ellis M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61707 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel & Sarah Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Howard St.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and Number.} 274 Howard St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Not Known

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial. November 3

Undertaker, H Ross

Place of Business, 95 South St

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Chas. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61108 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bailey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 105 *Years,* *Months,* *Days,*

Color, Colored

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and Number.} 93 Lee St. at the A.M.E. Women's Home

Cause of Death, First, (Primary,)

Second, (Immediate,) General debility

Duration of Last Sickness, Has been failing for a year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Nov 3

Undertaker, S W Chase

Place of Business,

A. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61109 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Carl

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 30 Yrs

Place of Death, {Give street and number.} 81 Amity St

Caus of death, First, (Primary,) Morbus Brightii

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial Mount Hope Park Cemetery

Date of Burial, November 4th 1882

Undertaker, Geo. Leinbach

Place of Business, 989 W. Pratt St.

R. H. Mifflin M. D.,
Medical Attendant.

Address, 185 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 61118

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly May Booth

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3. *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 518 North Washington Street

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms

Duration of Last Sickness, two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 3d 1882

Undertaker, Wm. Weaver.

Place of Business, 202 N. Eutaw St.

Robert Smithson Jun. M.D.,
Medical Attendant.

Address, 121 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

28 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Fahy

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, {Give street and number} 53 Woodyear Alley

Cause of Death First, (Primary,) Tabes Mesenterica

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Nov 5

Undertaker, Martin Fahey

Place of Business, 128 Lovedale *Address,* Cor. Milton & Lovedale

Frank J. Flannery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

BULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6112 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R. Walter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 21 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 122 S. Ann St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Nov. 3/82

Undertaker, M. A. Daiza

Place of Business, 94 S. Bway

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61173 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Brown

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Twenty Nine *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and Number.} 84 N. Bethel Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Variola (Small Pox)

Duration of Last Sickness, Nineteen days

All the above information should be furnished by the Physician.

Place of Burial, E Balto B Cemetery

Date of Burial, Nov 3

Undertaker, M Coleman

Place of Business, City Hall

Jno Linehand of N. M. D.,
Medical Attendant.

Address, 176½ E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61184 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant no' named, give names of parents.} James Hagan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Police Officer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Denmark

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 72 Block Street

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Nov. 3rd 1882

Undertaker, Wendel Dippel

Place of Business, S. Bond St.

James F. McShane M. D., Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians ... Undertakers.

Board of Health, City of Baltimore,

Permit No. 6175 *Office of Registrar of Vital Statistics.* Ward 6-14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm G. Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* — *Months,* — *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 270 N. Front St.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, NOV 5

Undertaker Cockrum & Evans

Place of Business, Valley & Eager.

H. T. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanna Weirdsdörfer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 69 Frederick Av. Balto.

Duration of Residence in the City of Baltimore, 3 weeks.

Place of Death, {Give street and number} 69 Frederick Av.

Cause of Death { First, (Primary,) Thrush & Indigestion.
Second, (Immediate,) Asthenia.

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetar

Date of Burial, Nov 4 1882

Undertaker, John P Poulus

Place of Business, 66 Frederick Ave

C. L. Dörfler *M. D.*
Medical Attendant.

Address, 19 S. Judson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6117 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Löhr

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } ~~334~~ 834 E. Lombard St.

Cause of Death, First, (Primary,) Meningitis (tuberculous)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Altamont

Date of Burial, Nov 3rd 82

Undertaker, G. Frazer

Place of Business, Bond & Wolfe

L. G. Funk M. D., Medical Attendant.

Address, Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Take Special Attention

10 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fitzer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* 5 *Months,* 27 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Baltimore~~ Pennsylvania

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give street and number} 203 Lexington St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) 14 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Carlisle Pa

Date of Burial, November 4th 1882

J. W. C. Cuddy. M. D.
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,* 187 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

17 61119

Permit No.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 3 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3d 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. D. Hunt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* 6 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Letter Carrier

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 241. William St

Cause of Death, First, (Primary.) Enteric Fever

Second, (Immediate.) Uremia

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Nov 5

Undertaker, Arnold & Denny

Place of Business,

H. B. Noble M.D.,
Medical Attendant.

Address, 50 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6172 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2d, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Elizabeth Cecelia Stanley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty Nine *Years,* — *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent County Md

Duration of Residence in the City of Baltimore, Nine months

Place of Death, {Give street and Number.} No 128 N Register Street

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Hydrothorax

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Chestertown Md

Date of Burial, Nov 4 1882

Undertaker, William Boyce

Place of Business, No 62 E Pratt St

Wm H Clendinen, M. D.,
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the ... of this Certificate.

Permit No. 6122

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 17

NOV 3 4 1892 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Todd

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 51 *Years,* ... *Months,* ... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widow~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 45 E

Place of Death, {Give street and Number.} 139 Johnson st

Cause of Death, First, (Primary,) Small-pox

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem Ave

Date of Burial, Novemb 5

Undertaker, B. Hall

Place of Business, 92 West St. } *Address,* 318 Light st

R. D. Ellis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians Is Respectfully Invited to [illegible] This Certificate.

Board of Health, City of Baltimore,

Permit No. 6122 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann H. Newman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 25 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Dressmaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 6 Stephen's Ct

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3rd

Undertaker, Chas A White

Place of Business, 33 Granby

D. Hunt M. D.,
Medical Attendant.

Address, 113 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61128 *Office of Registrar of Vital Statistics.* Ward X 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Wesley Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 2 *Years,* 4 *Months,* 8 *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 125 N. Sterling near Monroe

Cause of Death, First, (Primary,) Rachitic & Tubercular Diathesis

Second, (Immediate,) Pulmonary "

Duration of Last Sickness, Only Day or More

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. 3rd. Nov.

C. D. Parker M. D.,
Medical Attendant.

Undertaker, Chas E White

Place of Business, 35 Granby *Address,* 207 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61124 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Doyle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 *Years,* 4 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 42 Hill St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria.

Duration of Last Sickness, about 3 or 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 4 1882

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Dr. Lee M. D., Medical Attendant.

Address 161 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61725 *Office of Registrar of Vital Statistics.* Ward 3

NOV 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Walker (Mother)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pear al. 2d house W. of Biddle

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Pear al. 2d house W. of Biddle

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill

Date of Burial, Nov 4

Undertaker, Walter Connell

Place of Business, 316 W. Biddle

Alexander Tinsley M. D.,
~~Medical Attendant~~
Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61126 *Office of Registrar of Vital Statistics.* Ward 39

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Brice

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } —

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 59 St Paul St

Cause of Death, First, (Primary,) Age.

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 19 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, Novem. 4th 82

Edwd H Thomas M. D.

Medical Attendant.

Undertaker Denny and Mitchell

Place of Business, 63 S Broadway *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6127 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Mahon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 24 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 1082 Boston St

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery Phila Road

Date of Burial, Novem 4th 1882

Undertaker, Denny & Ritchie

Place of Business, 65 S Broadway

..... M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention...

Board of Health, City of Baltimore,

Permit No. 61728 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d. November 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Stonebreger.

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 1 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give street and Number. } S. Gilford Court 24.

Cause of Death, First, (Primary,) } Varioloid

Second, (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eman. Cem. Harf. Road

Date of Burial, Nov 4th 1882.

Undertaker, L. Ritz

Place of Business, 129½ S. Broadway

William Henkel M. D., Medical Attendant.

Address, S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6 1129 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 5 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 3/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sauerhoff

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 79 *Years,* ~~Months,~~ ~~Days.~~

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 56 Years

Place of Death, {Give street and number.} 46 S Appleton St

Old age

Cause of death, First, (Primary,) Pneumonia Senilis

Second, (Immediate,) 3 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 4-1882

Undertaker, W H Hickman

Place of Business, 1 Gay St

A Iranseus M. D.,
Medical Attendant.

Address, 1245 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61130 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Pierson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 24 years -

Place of Death, {Give street and Number.} No 8. N. High St

Cause of Death, First, (Primary,) Burnt to death by bed

Second, (Immediate,) clothing fire

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount -

Date of Burial, [redacted] 4th 1882

Undertaker, Hoy W. Mears

Place of Business, 46 N. Gay St *Address,* Corner

J. G. Connelly *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the [illegible] this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/131 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 3/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Weyhausen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* (*Months,*) *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 282 E. Aisquith St.

Cause of Death, First, (Primary,) Spinal Disease

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Nov 4 1882

R. W. Mansfield M. D.,
Medical Attendant.

Undertaker, John Feeney

Place of Business, 562 Orleans St. *Address,* 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully [illegible]

2

Board of Health, City of Baltimore,

Permit No. 6182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 4 1882 BALTIMORE

Date of Death, Nov 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma D. Wilson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Dress Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Port-Deposite

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number} 170 St Paul's St

Cause of Death {First, (Primary,) A Constitutional Peculiarity

Second, (Immediate,) to Marasmus hastened by

Duration of last Sickness, About 3 Months Lung Complaint

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6 1882

Undertaker, W. W. Madden

Place of Business, 46 East 8th

Address, [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DUFFY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61133 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizetta. W. Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 14 Days

Place of Death, {Give street and Number.} 164 Forrest St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Sudden death: Hemorrhage? Embolism?

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co. M'D

Date of Burial, Nov 6 1882

Undertaker, John W Jackson

Place of Business, E of Eby bet Lombard & Fayette

J. W. Sloan M. D.,
Medical Attendant.

Address, E of Eby cor Caroline Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... This Certificate

Board of Health, City of Baltimore,

Permit No. 61134 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Henry Marshall

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 23 *Years,* 8 *Months,* 23 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Can Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 191 S. Washington St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Small-pox, (Hemorrhagic).

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem

Date of Burial, Nov 4th 82

Undertaker, G. Trance

Place of Business, Bank & Wolfe *Address,* 252 Eastern Ave.

A. J. Gouraud, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6F186 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 5 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30. November 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Petronella Hinzinska.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and Number.} S. Wolfe St. ~~211~~ 211

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 13 days.

All the above Information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Nov 4th 92

Undertaker, G. Franz

Place of Business, Bonds Wharf

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61736 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

Geo. W. Benson M. D.,
Medical Attendant.

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See following certificate

61136

61136

HEALTH DEPARTMENT
NOV 15 1892
BALTIMORE

This Child was no Dr.
Date of Death, Nov. 3rd
Name Casper Herr
Birth place Balto
Cause of Death Small pox
Days of Sic 12 days
Place of Death, 24 Gist St
Place of Burial St Hy, Canon
Date " " Nov. 4th 92

G. Frame
Undertaker

2 cds

...he Special Attention of Ph...

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 4 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd, '92.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward A Schaefer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* 26 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 191 Penn Ave.

Cause of Death, First, (Primary,) Laryngeal Diphtheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Nov 5th 1892

Undertaker, L. Lewis Schaefer

Place of Business, 109 N Fremont

W. B. Rider M. D.
Medical Attendant.

Address, 195 N Pennsylvania Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 18th, '82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Conis

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~55~~ 65 *Years,* — *Months,* — *Days.*

Color, Dark

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Easton Thom Md.

Duration of Residence in the City of Baltimore, During Life. Twenty Yrs +

Place of Death, {Give street and number} 164 Dyson St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Heart Disease

Duration of last Sickness, About Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jan 4th 18 83

Undertaker, M. F. Gordon

Place of Business, 63 Park Ave

C. W. B. Ridout, M. D.
Medical Attendant.

Address, 195 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61187 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cyrus Stivers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 402 W. Lombard St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Membranous Croup.

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial. Nov 5

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

H L Slicer M. D.
Medical Attendant.

Address, 384 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 61149 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 5 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Stutter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 351 S Charles st

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, November 4

Undertaker, B. Hall

Place of Business, 82 West St.

C. R. Sudduth M. D.,
Medical Attendant.

Address, 166 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the accompanying Certificate.

Board of Health, City of Baltimore,

Permit No. 6114 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 3/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. Toombs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and Number.} 126 Lancaster St.

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) .....

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Nov. 4. 1882 } Medical Attendant. R. W. Mansfield M. D.

Undertaker, H. Sander & Son

Place of Business, 202 Caton Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6142 *Office of Registrar of Vital Statistics.* Ward 1 X

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Fink

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 1 *Months,* 19 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, {Give street and Number.} 420 Eastern ave.

Cause of Death, First, (Primary,) Dizentery

Second, (Immediate,) Peritonitis & Miscarriage

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem. *Date of Burial,* Nov. 5. 1882

Undertaker, H. Sandy Lee *Place of Business,* 502 Eastern Ave.

Louis L. Horn M. D., Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* , to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

ate of Death, Nov 4 1882

ull Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt C Smith

ex, Male or Female, {cross out the word not required in this line.}

ge, 2 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 129 S Shael

Cause of Death First, (Primary.) Diptheria

Second, (Immediate,) Croup

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk. Cemetery

Date of Burial, Nov 6th

H H Hatch M. D.
Medical Attendant.

Undertaker, G. N. Gruell

Place of Business, 131 Hanover St *Address,* 54 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61144 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lancaster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 ~~Days~~ Years, *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Prisoner Maryland Penitentiary

Birthplace, {State or country, and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, four years (4)

Place of Death, {Give street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer

Duration of Last Sickness, (4) four Months in Hospital

All the above Information should be furnished by the Physician.

Place of Burial, E P Cem

Date of Burial, Nov 4

Undertaker, W Coleman

Place of Business,

Silas Baldwin M. D.,
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 61145 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Toney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 hours *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 1 & Bethel st

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 4 November

Undertaker, Chas A White

Place of Business, 35 Granby Ln

Geo. W. Benson M. D.,

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Henry M McKewen

Board of Health, City of Baltimore,

Permit No. 61746 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P A Lugh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 126 Raborg st

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, Nov 4

Undertaker, W R Dungee

Place of Business,

Geo. R. Gibson M. D.,
~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Head Lake

Board of Health, City of Baltimore,

Permit No. 61147 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Williams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color, col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 44 Little McElderry st

Cause of Death, First, (Primary.)

Second, (Immediate,) Peritonitis

Duration of Last Sickness, Two Months

All the above Information should be furnished by the Physician.

Place of Burial, Lemuel Cemetery

Date of Burial, Nov 5 1882

Undertaker, William Young

Place of Business, No 62 East St

E. C. Baldwin M. D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Clifford Shipley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, nine Months, twenty four Days.

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Maryland

Duration of Residence in the City of Baltimore, Nearly ten Months

Place of Death, {Give street and number.} No 751 West Pratt Street.

Cause of Death, First (Primary,) Acute Gastro enteritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 6th 1882

Ridgely Hammond M. D.
Medical Attendant.

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore

Address N. E. cor. Calhoun and Hollins Streets Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... Certificate.

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Board of Health, City of Baltimore,

Permit No. 61149

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Alexander

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Portugal

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First, (Primary.) Remittent Fever

Second, (Immediate.) Asthenia

Duration of Last Sickness, Four Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 5th 1882

Undertaker, George Schilling

Place of Business, Ashland Square

S. V. G. Stoltzman M.D.,
Medical Attendant.

Address, St. Josephs Hosp.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2

Permit No. 61150

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 2.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frisby Jas. Ritchfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Caulker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 180 S. Dallas St.

Cause of Death, First, (Primary.) Dropsy.

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3 1882

Undertaker, L. J. Locke

Place of Business, 413 Jefferson St

John A Schultz M.D.,
Medical Attendant.

Address, N E Cor Gough & Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61151 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 4 5 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 3/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Welgos

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, {Give street and Number.} 172 Caution av.

Cause of Death, First, (Primary,) Chronic Dysentery

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, E P Cem

Date of Burial, Nov 4

Undertaker, M Coleman

Place of Business,

R W Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61162 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
NOV 3
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick A Bender

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and Number. } 48 Orleans St.

Cause of Death, First, (Primary,) Malarial fever

Second, (Immediate,) Inflamation of the bowels & bladder

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem.

Date of Burial, Nov 5 1882

Undertaker, H. Hahnam

Place of Business, 5 N Eden St

Milton N Taylor M. D.,
Medical Attendant.

Address, 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61153 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days,*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 88 Church St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Gaul Cemetery

Date of Burial, November 5

Undertaker, H Ross

Place of Business, 95 Conway St

I. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 19

Permit No. 61157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rudolph Parker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 3 Months, 3 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Parish alley near Winchester street

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Levine Cemetery

Date of Burial, Nov 5 1882

Undertaker, William Munger

Place of Business, No 62 East Fort

J Harvey Hill M. D.
Medical Attendant.

Address, 19 Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 61145 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Hannah Christian

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 2 week

Place of Death, {Give street and Number.} 255 S Broadway

Cause of Death, First, (Primary,) 2 Malarial Fever

Second, (Immediate,) 3

Duration of Last Sickness, abt 1 week

All the above information should be furnished by the Physician.

Place of Burial, E Balto Cemetery

Date of Burial, Nov 4

Undertaker, M Coleman

Place of Business, City Hall

C Mullright M. D.,
Coroner E. D. Medical Attendant.

Address, 62 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE MD NOV 4 5 6 1882

Permit No. 61156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Fox

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} 456 Fremont St

Cause of Death {First, (Primary,)} Phthisis

{Second, (Immediate,)} Exhaustion

Duration of last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Old Kadenthal

Date of Burial, Nov 6

Frank J Flannery M. D.
Medical Attendant.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle *Address,* Cor. Wilson & Division Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6159 *Office of Registrar of Vital Statistics.* Ward, 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 5 6 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 4th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Millie Perryman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 95 *Years,* ——— *Months,* ——— *Days,*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and Number. } 219 Vine

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of Last Sickness, 4 Years

All the above Information should be furnished by the Physician.

Place of Burial, Walterberry N Balto Md

Date of Burial, Nov 6/82

Undertaker, Wm F Dawes

Place of Business, 66 East St

Geo. F. Dimm M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore, 1882

Permit No. 6119

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4. 1882

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Mary A. Bush~~ Catherine Bens

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

~~Duration of~~ Residence ~~in the City of Baltimore~~, Carroll County

Place of Death, {Give street and number} 68 Division St.

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Pneumonic Congestion

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 6th 1882

Undertaker, John E. Boughton

Place of Business, 320 Pennsylvania Ave

Maubury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61119 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~. Saturday. Nov. 4th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. E. Deacon,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 7 *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life Time.

Place of Death, {Give street and Number.} 33 Harford Ave,

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion & blood Poisoning.

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Nov 6th

{*Undertaker,* H. C. Wiedefeld

{*Place of Business,* 90 Greenmount ave

Wilmer Brinton M. D.,
Medical Attendant.

Address, 25½ Greenmount ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6116 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia England

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 5 *Years,* 6 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 5 yrs 10 mos

Place of Death, {Give street and Number.} 197 Greenmount Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) asphyxia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 6th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Dr. Shall *M. D.,* Medical Attendant.

Address, 194 E. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6161

Office of Registrar of Vital Statistics. 28 W

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan J. Neal

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 11 *Months,* — *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or~~ ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, About 15 years

Place of Death, {Give street and number.} 270 Penna Ave

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Asthenia

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 6

Undertaker, C H Bizzard

Place of Business, 198 Penn ave

Nathan R. Porter M.D.,
Medical Attendant.

Address, 89 Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6162 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Rhein

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany. 1 Yr in U.S.

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, { Give street and Number. } 202 Sterling St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, Nov 5

Undertaker, C. H. Bryan

Place of Business, 198 Pennsa

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor Eden & Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6116

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine K. Anderson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* ——— *Months,* ——— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Milliner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 12 Edmondson ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 years — (Confined to house only two weeks)

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 5

Undertaker, C W Bryard

Place of Business 198 W Penn

Jas E Gibbons M. D.,
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 61164

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5th M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Rumenap Rümenap

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore, Cor Mr + Hanover

Place of Death, {Give street and number.}

Cause of Death, First, (Primary.)

Second, (Immediate.) Small Pox

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 5th M. 1882

Undertaker, J. Hall

Place of Business, 82 West

A. M. Dodge M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6165 *Office of Registrar of Vital Statistics.* Ward 11 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis O. Laughlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 334 Park Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of Last Sickness, Found dead in bed.

All the above information should be furnished by the Physician.

Place of Burial, Bonna Brae Cemetery

Date of Burial Nov 6 18 82

Undertaker James F Byrne

Place of Business, 1063 Th Broad

Alexander Tinsley M. D.
~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, N 10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3rd November 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Caldwell

Sex, Male or Female, {cross out the word not required in this line.} female

Age, one *Years,* Three *Months,* ——— *Days.*

Color, ——

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, about a year

Place of Death, {Give street and number} no 265 Hughes st.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exanition

Duration of last Sickness, about six months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 5th Nov 1882

W. C. Sandrock M. D.
Medical Attendant.

Undertaker, Geo W Perkins

Place of Business, 130 Hanover

Address, 227 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUNST, KIELY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61167 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Gardaga

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and Number.} cor. 61 President St

Cause of Death, First, (Primary,) Burned

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov 6

Undertaker, Wendell & Tyrrell

Place of Business, 151 & Bond *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Ce... far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of ... cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6188 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kuhert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 m *Months,* 8 d *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 245 N. Front St

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate.) .....}

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial Greenmount

Date of Burial, Nov 6

Undertaker, Wendell Lippitt } Francis A. Faun M. D.

Place of Business, 161 S. Bond *Address,* 245 N. Front St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6776 *Office of Registrar of Vital Statistics.* Ward 1 Pk

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 1 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and Number. } 10 E Pratt

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Nov 5th 1882

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave *Address,*

D Hollander M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6417 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis a Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Eighty ~~Two~~ *Years,* ——— *Months,* ——— *Days.*

Color, Brown

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queens anns County Md

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give street and number.} No. 1-7 Raborg st.

Cause of death, First, (Primary,) Asthma

Second, (Immediate,) Dropsy

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Lawrence

Date of Burial, Nov 6th 1882

Undertaker, Saml H. Grace

Place of Business, 198 S. Howard St

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6171 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Blunton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 2 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} 57 Plum Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Gastritis

Duration of Last Sickness, Con 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 6th 1882

Undertaker, Smt & Chase

Place of Business, 21 Bond

R. A. Bolle M. D.,
Medical Attendant.

Address, 161 S. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61172 *Office of Registrar of Vital Statistics.* Ward 5 J

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Nov 5th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant child of Chas. H. & Isabella Ellis

Sex, Male or Female, { Cross out the word not required in this line. } Boy

Age, ... *Years,* ..... *Months,* 39 hours. ~~Days~~,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and Number. } 29 Ensor St.

Cause of Death, First, (Primary,) Convulsions, from Pressure on Brain

~~Second, (Immediate,)~~ The result of a protracted labor.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bell Co. [illegible]

Date of Burial, 6 & 10 Nov

Undertaker, [illegible] } Wilmer Brinton M. D.,
Medical Attendant.

Place of Business, [illegible] } *Address,* 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6173 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } W W Hoffman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* One *Months,* and 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 36 N High St

Cause of Death, First, (Primary,) Inflammation of Brain

Second, (Immediate,)

Duration of Last Sickness, Five days

All the above Information should be furnished by the Physician.

Place of Burial, Laural Cemetary

Date of Burial, Nov. 6 1882

Undertaker, Chas A White

Place of Business, 35 Granby St

Jno G Gover M. D.
Medical Attendant.

Address, 34 N High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting fo as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, a the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVE

Board of Health, City of Baltimore,

Permit No. 61774 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 6 1892 BALTIMORE

Date of Death, Nov. 4. 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James D. Hodges

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days,*

Color, Col.

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Hod carrier

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Va.

Duration of Residence in the City of Baltimore, Forty yrs.

Place of Death, { Give street and Number. } 9 Jones Al

Cause of Death, First, (Primary,) Gastric ulcer

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 7 1892

Undertaker, William F. Dunger

Place of Business, 62 East Al

G. G. Rust M. D.,
Medical Attendant.

Address, Balt & Wat. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61176 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cary Elizabeth Burton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* one *Days,* 7

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 51 East 21

Cause of Death, First, (Primary,)

Second, (Immediate,) Trismus Nascentium

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, November 6 1882

Undertaker, William C. Runge

Place of Business, 62 East 21st

E. C. Baldwin M. D.,
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61176 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida B Sheldon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 115 Hanover St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, November 7

Undertaker, B. Hartz

Place of Business, 42 West

Byron Boyle M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 61177 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Mather

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } No 87 Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery

Date of Burial, Nov 7 82

Undertaker, Dennis and Mitchell

Place of Business, 65 W Broadway

M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61178 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosen Strohmyer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* 7 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 13 Holland st

Duration of Residence in the City of Baltimore, 10 m. 7 days

Place of Death, {Give street and Number.} No 13 Holland st

Cause of Death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Monday Nov. 6th 82

Undertaker, John A. McCoy Jr

Place of Business, 77 W. Fayette st

J Edmund Gorwitz M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 6179

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 6 1882 BALTIMORE

Date of Death, 4 November 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kram

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 501 N Baltimore Street

Cause of death, First, (Primary,) Gangraena pulmonum

Second, (Immediate,) Weakness

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 6th 1882

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont St

Dr. F. Reinhard M. D.,
Medical Attendant.

Address, 224 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

12

Board of Health, City of Baltimore,

Permit No. 61180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Muldoon

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 12 Moshu St

Cause of Death, First (Primary,) Cancer of liver

Second (Immediate,) Asthenia

Duration of Last Sickness, I do not know; she was sick me about two months ago

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 5th 1882

Undertaker, Chas T Scriven

Place of Business, 2711 Eutaw St

S. L. Chew M. D.
Medical Attendant.

Address 1411 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special Attention of Physicians is respectfully invited to the Remarks below, and to those printed on back of this Certificate.

20

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marion Middleton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* 26 *Days.*

Color, White *Sex,* —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 114 Harlem ave

Cause of Death, First (Primary,) Diptheritis

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem *Jno C Benzing* M. D.

Medical Attendant.

Date of Burial, Nov 6 - 1882

Undertaker, Denny & Mitchell *Address* 60 Broadway & Bank

Place of Business, 534 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 6782 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Coriell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* 8 *Months,* 1 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Essex Co N J

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and Number.} 494 Saratoga St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) General debility

Duration of Last Sickness, confined one month

All the above information should be furnished by the Physician.

Place of Burial. Loudon Park Cem.

Date of Burial. Nov. 7 1882

D. H. Chrichton M. D.,
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* 431 Lemmon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the ...

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rhonda J Scott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ...

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number.} 598 W Lombard St

Cause of Death, First (Primary,) Premature Birth.

Second (Immediate,) 7 Month Child not fully developed

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem J A White *M. D.*

Date of Burial, Nov 6 1882 Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Balto St. *Address* 113 Lanvittin Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Shaffer

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 11 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 22 & Preston Street

Cause of Death {First, (Primary,) Laryngeal Diphtheria
Second, (Immediate,) Asphyxia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Nov 7th 1882

Undertaker, Andrews & Hodges

Place of Business, 416 Druid Hill Ave

Maburn Brown M. D.
Medical Attendant.

Address, 68 N. Eutaw pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

17 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary W Guyton

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 44 *Years,* 8 4 *Months,* 17 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 569 Hanover St

Cause of Death, First, (Primary,) Neglected Cold

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, about 4 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 7th 1882

J. E. Clagett M. D.
Medical Attendant.

Undertaker, John S Thacker

Place of Business, No 150 Camden St

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

1

Board of Health, City of Baltimore,

Permit No. 61186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis J. Eardley

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Nr. 113 S. Frankington Av.

Cause of Death, First (Primary,) Inflamation Bowels

Second (Immediate,) Inanation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 6. 1882

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

A. L. Clark M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse

Board of Health, City of Baltimore,

Permit No. 61187 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Clark

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, One Year + 6 mo

Place of Death, {Give street and Number.} No 1 Abbey Alley

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, November 8

Undertaker, B. Mark

Place of Business; 92 West St.

C. D. Smith *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

9

Permit No. 61188

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarinda Hughes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 105 N Charles St

Cause of Death, First, (Primary.) Obstruction of Bowels

Second, (Immediate.) Exhaustion & Infirmities of age

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov 7. 1882

Richard McSherry M.D.,
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 105 N. Chas St. *Address,* 189 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Meyer E. Reinhardt

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 46 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, [redacted]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 46 Y. C.

Place of Death, { Give street and number } 42 South Eutaw St

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Spasm of Heart

Duration of last Sickness, about 30 minutes

All the above information should be furnished by the Physician.

Place of Burial, Gay St Cemetery

Date of Burial, November 7

Undertaker, Wm. Eilau

Place of Business, 101 Gough St

Dr. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61198 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Blake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 109 N. Eden St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, November 7th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St *Address,*

Chas. Brooke Boyle M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 61191 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Steigerwald

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 11 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 64 W Chapel st

Cause of Death, First, (Primary,)

Second, (Immediate,) Peritonitis

Duration of Last Sickness, One week,

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Nov 6 92

Undertaker, W Lynch

Place of Business, Bond st

N. L. Dashiell Sr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 6/1192 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kuth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} Cor Chesapeake & O'Donnell

Cause of Death, First, (Primary,) Pseudo-membranous croup

Second, (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Asylum sub Com

Date of Burial, 6 November E. F. Williams M. D.,

Undertaker, W. Dippel Medical Attendant.

Place of Business, 151 E Bond st *Address,* 35 Elliott St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

17

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burns

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 15 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 94 Jefferson

Cause of Death, First, (Primary,) Chol. Infl.

Second, (Immediate,) Marasmus & Phthisis Pulmonalis

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 6 92

Undertaker, Armstrong Bros

Place of Business, No 269 Aisquith St

A. M. Dodge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61194 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo D. S. Pafft.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 7 Days,

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore and Life.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 59 Park Ave.

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, November 7-1882

Undertaker, D. J. Hamilton

Place of Business, Franklin nr Schroeder Address, 387 W. Lombard St.

A. I. Shriver M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61795 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schauermann

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 1 ~~Month~~ 16 Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 364 N. E. Dorcas St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Nov 6

Undertaker, A Funk

Place of Business,

A Aronsohn M. D.,
Medical Attendant.

Address, 145 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following Rules and Regulations.

Board of Health, City of Baltimore,

Permit No. 61196 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6' 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Emory

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 4 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Child.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Entire

Place of Death, { Give street and Number. } Cor Eden & Mill

Cause of Death, First, (Primary,) Meningitis Cerebral

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Nov 7 82

Undertaker, Armstrong & Denny

Place of Business, No 203 Lafayette

D. Duvall M. D.,
Medical Attendant.

Address, 140 W Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6 / 1197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wehrmuth

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Chester St, near Eloor St Change to Battle Ludwig.

Cause of Death {First, (Primary,) Indigestion Acute

Second, (Immediate,)

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, St. Evangel Cem

Date of Burial, Novbr 6th 1882

J. Snevil Mantuck M. D.
Medical Attendant.

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave *Address,* Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61798 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lyman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 22 Lemmon St

Cause of Death, First, (Primary,) Remittent Fever

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, Nov 7th 1882

Undertaker, Matthew Cadogan

Place of Business, 227 Lombard St

Edwd F. Mitchell M. D., Medical Attendant.

Address, 283, W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6799 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Paul

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany, (30 Years)

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} No 60 N Chapel st

Cause of death, First, (Primary,) Phthisis pulm.

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Alpharetta Cemetery

Date of Burial, Nov 7th

Undertaker, Antoine Koehler

Place of Business, 244 E Lombard St

L O Brunette M. D.,
Medical Attendant.

Address, 125 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fur within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting fort far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, an cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6120 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Joseph Leary

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 31 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, { Give street and Number. } N. Chester near Monument

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Pneumo

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Nov 4th 1882

{ *Undertaker,* Jas P Byrne
{ *Place of Business,* 63 Union

John F. Newmann M. D.,
Medical Attendant.

Address, S. N. Chester & Ramsay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to this ...

Board of Health, City of Baltimore,

Permit No. 6120 / *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hulda W. Lankford

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 41 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and Number. } * 3 Abbott St.

Cause of Death, First, (Primary,) Bright's disease of Kidney

Second, (Immediate,) ~~Three months~~ Oedema of Lungs

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, New M. E. Burying Ground Philly Road

Date of Burial, Nov 6 1882

Undertaker, Drury & Morgan

Place of Business, 93 S Bond ... *Address,* 305 N. Caroline St

A Hartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 6 1882

Permit No. 61202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th a. m. (½ past 12 at night) 6th November, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gertrude Browns

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, 12 *Years,* 1 *Months,* 23 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 116 Tyson St- Baltimore, Maryland.

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and number} 116 Tyson St- Baltimore, Maryland.

Cause of Death, First, (Primary,) Dropsy- General- Heart & Liver- Acquired

Second, (Immediate,) Dropsy

Duration of last Sickness, Over one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov. 7th 1882

Wm. I. Smith M. D.
Medical Attendant.

Undertaker, Frank H. Shaer

Place of Business, 198 E. Howard St

Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

...AND STATIONERS.

15

Board of Health, City of Baltimore,

Permit No. 6/203 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Becker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, 24 *Years,* 7 *Months,* ..... *Days,*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 6 Plum alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Consumption

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, Angel

Date of Burial, Nov 7th 82

Undertaker, Jno. D. Cost

Place of Business, 90 E. Lanvale

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61204 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, NOV. 6. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Brady

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 179 Eastern St

Cause of Death, First, (Primary,) Dropsy.

Second, (Immediate,) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamb Cem

Date of Burial, Oct 8th 1882

Undertaker, H Rose

Place of Business, Cemetery

W. S. Bowen M. D.,
Medical Attendant.

Address, 210 Eastern St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6/205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1852

Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Murgan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 00 *Years,* 00 *Months,* — Sixt — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 422 N. Calhoun St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 422 Calhoun St

Cause of Death First, (Primary,) unknown infantile

Second, (Immediate,) Convulsions

Duration of last Sickness, Twen 4- four hs.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, 6th Nov

Lias Baldwin M. D.
Medical Attendant.

Undertaker, W J Merryman

Place of Business, 422 N Calhoun Address, 162 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61206

HEALTH DEPARTMENT NOV 1892 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu Bensler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltmd

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 890 W Baltst. Orphans

Cause of Death {First, (Primary,) Second, (Immediate,)}

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Nov. the 7

Undertaker, John Paulus

Place of Business, Freiuck ave

Robt K. Knaus M. D.
Medical Attendant.

Address, 554 W Baltst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 8 1882

Permit No. 6207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Bensler

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 890 W Pratt

Cause of Death {First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, About 6 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, November the 7

Undertaker, John Paulus

Place of Business, Fremick ave

Robt K. Knead M. D.
Medical Attendant.

Address, 554 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 13 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 26 Wayne St

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number} 26 Wayne St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Diphtheritic croup

Duration of last Sickness, 4 days —

All the above information should be furnished by the Physician.

I saw it in the morning the 5th & it died that night

Place of Burial, Laurel

Date of Burial, Nov 6th 1882

Jno. E. Claigett M. D.

Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 65 Mulberry *Address,* 26 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 61209 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kramer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* ... *Months,* ... *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Store Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} No 268 Alabama st

Cause of Death, First, (Primary,) Scirrhus (Malignant)

Second, (Immediate,) ...

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, November 7th 82 Thomas P. Evans M. D.,

Medical Attendant.

Undertaker, J. C. Schutt

Place of Business, 125 Aliceanna *Address,* 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

9

Board of Health, City of Baltimore,

Permit No. 61210

Office of Registrar of Vital Statistics.

NOV 6 1899 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4th Nov

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Eloise Smith.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Cd

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 123 St Paul St

Cause of Death, First, (Primary.) Amenorrhea.

Second, (Immediate.) Acute Tuberculosis

Duration of Last Sickness, Eleven days in bed.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 6th 1899

Undertaker, Wm H Bishop Jr

Place of Business, 97 Division

Chas. C. Lay, M.D.,
Medical Attendant.

Address, 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 61211 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 7 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Saunders

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days,*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. city

Duration of Residence in the City of Baltimore, 11

Place of Death, {Give street and Number.} 69 Goodmans alley

Cause of Death, First, (Primary,) Small-pox

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaarh St Cemetery

Date of Burial, November 7

Undertaker, H Ross

Place of Business, 95 Bonny St

R. W. Ellis *M. D.,*

Medical Attendant.

Address, 813 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6122 *Office of Registrar of Vital Statistics.* Ward 18.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7. 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Banks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 318 Hamburg St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial. Nov. 8/882

Undertaker, E. Davis

Place of Business,

W. S. Booze M. D.,
Medical Attendant.

Address, 210 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6213 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Stuart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Month,* 7 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 81 Vincent Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Shark st Cem'y

Date of Burial, Nov 7/82

Undertaker, Wm F Dunger

Place of Business,

Geo. H. Dixon M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61214 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Monday Nov. 6th, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Bell Deacon,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 4 *Years,* 1 *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 33 Harford Ave,

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Nov 7th

Wilmer Brinton M. D.,
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61215 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Honora Fenton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 6 Days,

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 67 Hollins St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Valvular disease of Heart

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Nov. 7/1882

Undertaker, J. B. Cook

Place of Business, 709 & 711 Balto. St.

H. L. Thein M. D.,
Medical Attendant.

Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6126 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21 - 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustine.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Convulsions.

Second, (Immediate,)

Duration of Last Sickness, a few days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 23 82

Undertaker, Pat. Hunt

Place of Business, Druid Hill Ave

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accurate Filling of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6217 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 7 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Paul.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* ~~Days,~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Child~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infants Asylum.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, Life.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Nov 7/82

Undertaker, Pat. Hunt.

Place of Business, Bristol & Inman *Address,* Harlem av. Calton

R. H. Goldsmith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6218 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 7 1902
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 4th November 1902.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Witwosky

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Existence

Place of Death, { Give street and Number. } Lancaster St 146

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Hedwigs

Date of Burial, Nov 7 1902

William Henkel M. D.,
Medical Attendant.

Undertaker, G. Franz

Place of Business, Bonds & Hoge *Address,* S. Wolfe St 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6129 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 7 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bregenzer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2y *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} Fremont St Cor Clinton

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 10 months

All the above Information should be furnished by the Physician.

Place of Burial, Wash Cem.

Date of Burial, Nov 8th 82

Undertaker, Wm A Daiger

Place of Business, 74 S. Bdwy

Keirle Cotter M. D.,

Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 61220 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 7 1892 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 4th 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Morgan

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} M

Age, ... *Years,* 6 *Months,* ... *Days,*

Color, Black

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harrisburg Pa

Duration of Residence in the City of Baltimore, Four weeks

Place of Death, {Give street and Number.} 29 N Fremont St.

Cause of Death, First, (Primary,) Bronchitis (Capillary)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial E. B. Publicker's

Date of Burial Nov 7/92

C. H. Birdsall M. D., Medical Attendant

Undertaker, M. Coleman

Place of Business, ... *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blanks on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61521 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 7 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... 8 *Months,* ..... 15 *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) ..... }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... *M. D.,*

Undertaker, ... Medical Attendant.

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 41222 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gust af Westfelt

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 38 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Sweden

Duration of Residence in the City of Baltimore, abt 10 Years

Place of Death, { Give street and Number. } Ferry Boat S'h Lafayette

Cause of Death, First, (Primary,) Accidentally Drowned

Second, (Immediate,) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Paulus Cemetery

Date of Burial, Nov 7th 1882

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

Chas Wurfft M. D., Medical Attendant.

Address, 6 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61223 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 7 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Reel Beahm

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 ~~M.~~ *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, School Girl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and Number.} 209 Freeman St.

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 25 days.

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov. 8" 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W. Baltimore *Address,* Cor. Stricker & Pratt

Geo. W. Norris M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to [illegible]

7

Board of Health, City of Baltimore,

Permit No. 61224

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etilla Rosenberger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany (27 yrs in America

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First, (Primary.) Cancer Stomach (Pylorus

Second, (Immediate.) Asthenia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem.

Date of Burial, Nov 8th 1882

Oscar J Lockerman *M.D.,*
Medical Attendant

Undertaker, Adam Fink

Place of Business, 461 N. Gay St *Address,* 188 E Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 61225 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th. November 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy Engelbrecht

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} Lancaster. 95.

Cause of Death, First, (Primary,) Variolas

Second, (Immediate,) Angina maligna

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Nov. 8th 82

Undertaker, G. France

Place of Business, Bank & Holliday

William Hunkel M. D., Medical Attendant.

Address, S. Wolfe Nr 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6122C *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th, 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and Number.} No. 19 Port St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Nov 8th 92

Undertaker, G. France

Place of Business, Frank & Mayer

J. H. Crabtree, M. D., Medical Attendant.

Address, 21 S. Pine St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novemb. 8th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Brandt.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 Years, 10 Months, 16 Days.

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 160 S. Chappel Str.

Cause of Death { First, (Primary.) ; Second, (Immediate,) small pox.

Duration of last Sickness, nine days.

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Cem.

Date of Burial, Nov 8. 1882

Robert Smithson, M. D.
Medical Attendant.

Undertaker, H. Saunders Son

Place of Business, 202 Eastern Av. *Address,* 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited

Board of Health, City of Baltimore,

Permit No. 61228 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hines

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 126 Lancaster St;

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem

Date of Burial, Nov 8. 1882

Undertaker, H. Sander Son

Place of Business, 252 Cleveland Ave

R. O. Mansfield M. D.
Medical Attendant.

Address, 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61229 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 8 A M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Feehan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 525 Cambrije St. I think

Cause of Death, First, (Primary,) Congestive Smallpox although

Second, (Immediate,) there was no Eruption

Duration of Last Sickness, Since 4th inst

All the above Information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem

Date of Burial, Nov. 8. 1882

Undertaker, H. Sanderson's

Place of Business, 202 E Lexington St

Jno E Donelle M. D.,
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61230 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fanny Rosalie Zell

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Rockville Md

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and Number. } 398 Eutaw Square

Cause of Death, First, (Primary,) Mammary Cancer

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Eighteen months

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Nov. 8/82.

Chas O'Donovan M. D.,
Medical Attendant.

Undertaker, STEWART & BOWEN, UNDERTAKERS, 96 Park Ave.

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61281 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Eichelberger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 276 Ramsay st

Cause of Death, First, (Primary,)

Second, (Immediate,) Phlegmonous Erysipelas

Duration of Last Sickness, About Eight days

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Nov. 8 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

W. K. McSherry M. D.,
Medical Attendant.

Address, 582 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 61232

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* 27 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 67 Hanover St

Cause of Death, First, (Primary.) Diphtheria From Nervous Membrane

Second, (Immediate.) General Hemorrhage

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov. 8: 1882

Undertaker, J. B. Cook

Place of Business, 207 W Balto St

A. McC. Cathell M.D.,
Medical Attendant.

Address, 343 Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 61233

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Man

Age, 64 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Mechanic

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and number. } 541 Aisquith St

Cause of Death, First, (Primary.) Chronic Bronchitis

Second, (Immediate.) Hypertrophy of Liver. Fatty Liver Chronic Pleuritis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem'y

Date of Burial, Nov 9' 1882

Undertaker, J B Cook

Place of Business, 707 W Balto St.

J. C. Shriver M.D.,
Medical Attendant.

Address, 41 N. Eaton St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61234 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 November 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Stehle

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 39 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wurtenberg - Bingdorf -

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} ~~Chronic diarrhoea~~ Booth & Sa

Cause of death, First, (Primary,) Chronic diarrhoea

Second, (Immediate,) Weakness

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 9 November 1882

Undertaker, Joseph Cook

Place of Business, 707 W Baltimore

N. F. Rinehart M. D.,
Medical Attendant.

Address, 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ...

Board of Health, City of Baltimore,

Permit No. 6236 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NEW LIBRARY NOV 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th, 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Barrow (c/o Emily Everett given by same)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 yr *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Actress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ky.

Duration of Residence in the City of Baltimore, Few days.

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Unknown.

Second, (Immediate,) Exhaustion from convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, E. Balt. Public Cemetery

Date of Burial, Nov 8th 1882

Undertaker, Mr Coleman

Place of Business,

E. Lawrence, M. D., *M. D.,*

Medical Attendant.

Address, City Hospital,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61236 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1932 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5. 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Boozer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 121 York St

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Shark P.O. Cemetary

Date of Burial. Nov 8

Undertaker, John H. Owens

Place of Business, 225 Howard St

W. S. Booze M. D.,
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No. 61237

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Stuart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Labour

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} Lurch alley bet Fort & Clement

Cause of Death, First, (Primary.) Bilious Fever

Second, (Immediate.) Congestive Chill

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 8

Undertaker, Bernhard Mark

Place of Business, 82 West St.

O. A. Locke *M.D.,*

Medical Attendant.

Address, 573 Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore.

Permit No. 61238

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Effie~~ Lizzy Lillie Lowry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 30 Boyd st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 9

Undertaker, B. Poole

Place of Business, 92 West St.

O. A. Evans M.D.,
Medical Attendant.

Address, 513 Light

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61239 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bensler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Pratt & Emmas Sts

Cause of Death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 9

James Bosley M. D.,
Medical Attendant.

Undertaker, J. L. S. Bevin

Place of Business, 60 Frederick Ave

Address, 319 Saltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Deaths

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61240 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Arthur G. Barton~~ Nov. 1 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur G. Barton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 18 *Days,*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 88 N. Dallas st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial. Laurel Cemetery

Date of Burial. Nov 2. 1882

Undertaker, Williams & Lingee

Place of Business, 62 East st

D. H. Groh M. D.,
Medical Attendant.

Address, 137 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61241 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Neal

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 13 *Months,* ..... 8 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 202 Chestnut St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6. 1882

Undertaker, William H. Lingo

Place of Business, 62 East St

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61242 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Kreelmiter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 26 Market Space

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Ben: Israel grnd

Date of Burial, November 8/82

Undertaker, I. Simon

Place of Business, 26 Exeter st

L. L. Gross M. D.,
Medical Attendant.

Address, 157 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna E. Harris

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Twenty *Years,* ~ *Months,* ~ *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Principle [illegible]

Place of Death, {Give street and number.} 12 David Hill avenue

Cause of Death, First (Primary,) ~

Second (Immediate,) Peritonitis

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Druid Crem Thomas Scattergood M. D.

Date of Burial, Nov 9th 1892 Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, 416 Druid Hill Ave *Address* 70 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 61244 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Arnold

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} 72 S Eutaw St

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 9th 1882

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St *Address,* 72 S Eutaw St

W. R. Crane *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 61245 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peregrine Spate

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 14 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boy at School

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Pearl St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis of Heart

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 8th 1882

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

C. W. Chew M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61246 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8/82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower;~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Belvo.

Duration of Residence in the City of Baltimore, Life. ✓

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, ~~Nov. 8th 1882~~ Nov. 9th 82

Undertaker, Pat. Hunt

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Baltimore Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 61247 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hallman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* ~~—~~ *Months,* 21 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life —

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov. 8th 1882

Undertaker, Pat. Hunt.

Place of Business, Division & Monument

R. W. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61248 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Luchett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 32 Ramsay St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,)

Duration of Last Sickness, About 9 months.

All the above information should be furnished by the Physician.

Place of Burial St Peters

Date of Burial, Nov 8 1882

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 262 Madison Ave

Eldridge C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61249 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Fisher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 6 *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and Number.} 216 S Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia 1

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, November 9th 1882

Undertaker, Ernst Schumann

Place of Business, 200 S Church St

Medical Attendant. *M. D.,*

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11

Permit No. 6125

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th Nov 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Murray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 Lawn's Alley

Cause of Death, First, (Primary.) Extensive burns over limbs & body.

Second, (Immediate.) Exhaustion & excessive pain.

Duration of Last Sickness, Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 9th 8th

Undertaker, Thos Henson

Place of Business, 84 Pearl

Wm. G. Cay *M.D.,*

Medical Attendant.

Address, 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6/201 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1882 BALTIMORE

Date of Death, November 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* One *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, Home

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Daughter

Place of Death, {Give street and number.} 142 E. Baltimore

Cause of death, First, (Primary,) Hamilton

Second, (Immediate,) "

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov 8 1882

Undertaker, Wilhelm Bros

Place of Business, No 62 Eutaw St

Whitefield Wilson *M. D.,*
Medical Attendant.

Address, 11 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6252 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Steer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* 7 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 405 E Monument St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Valvular disease of the heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial. Nov 9th

Undertaker, George Schilling

Place of Business,

Milton A Taylor M. D.,
Medical Attendant.

Address, Broadway & Mc Elderry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 61253 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Decker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 7 *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Hanford Av. near Point Lane,

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption.

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, New St James

Date of Burial, Nov 9th

Undertaker, Geo. Schilling

Place of Business,

I. N. Houck M. D.,
Medical Attendant.

Address, 95 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61264 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1892 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrik Wm Beck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 1 Battle Place (Bathe Co.)

Cause of Death, First, (Primary,)

Second, (Immediate,) Spassum

Duration of Last Sickness, Sikly bourn

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemitry

Date of Burial, Nov the 9th

Undertaker, Mr Senders

Place of Business, 252 Canton av

Geo. W. Brown M. D.,

~~Medical Attendant~~

Address, Cor. of Glenmore Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 61266

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 8 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mister Dain Sheene

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Spinning Tools

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 110 Fort avenue

Cause of Death, First, (Primary.) Bright Disease

Second, (Immediate.)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Nov 9

Undertaker, B. Hall

Place of Business, 82 West St

Ot. Cook *M.D.,*

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61256 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gracht

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoe Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and Number.} 109 N. Edw St.

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Syncope of heart disease

Duration of Last Sickness, Rheumatism 2 years

All the above information should be furnished by the Physician.

Place of Burial St Stephens Cemetry

Date of Burial, 10 Nov 1882

Undertaker, Henry Hofmann

Place of Business, 13 N. Edw St.

Francis T Sauer M. D.,
Medical Attendant.

Address, 108 N Edw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 19

Permit No. 61267 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, November 7. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Harvey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 86 *Years,* 8 *Months,* 3 *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Salem Massachusetts

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 596 W Fayette St

Cause of Death, First, (Primary,) Old age.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, a good. while. (3 years)

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 9 82

Undertaker, Denny & Mitchell

Place of Business, 560 W Fayette Address, 53 N Green

W. H. Aiken M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Permit No. 61258

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 21 S Regester St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 8th 1892

Undertaker, J. E. Voss

Place of Business, 423 Lafayette Av

John A Schultz M.D.,
Medical Attendant.

Address, 2 E Cor Gough & Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6257 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anderson Gatewood

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 10 *Months,* 6 *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Nr 5-3 Short

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 9th 1882

Undertaker, J. F. Lucks

Place of Business, 423 Lafayette

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61260 *Office of Registrar of Vital Statistics.* Ward 14

The Physicinn who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma V. Compton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 1 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not reqnired in this line.}

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Portsmouth Va

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} 47 S. Arlington Ave

Cause of death, First, (Primary,) Malarial fever

Second, (Immediate,) Cerebral effusion

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Nov 9th 1882

Undertaker, Jos B Loch

Place of Business, No 707 W Baltimore Street

John Neff M. D.,
Medical Attendant.

Address, 206 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61261 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 9 1892 BALTIMORE

Date of Death, November 8/92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Denl. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 82 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer & Watchman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Fifty (50) Years

Place of Death, {Give street and Number.} No 16 N. Arlington St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Heart Disease & Old age

Duration of Last Sickness, Three (3) Years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Nov. 10. 1892

Undertaker, J. B. Cook,

Place of Business, 707 W. Balto. St.

H L Stein M. D.,
Medical Attendant.

Address, 387 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians ...

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Cullen

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} N° 79 St Paul St

Cause of Death, {First (Primary,) Tubercular Phthisis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Nov 9 1882

Undertaker, Schuetzenverein

Place of Business, 312 Eastern Ave

J J Starr M.D.
Medical Attendant.

Address, Cor 58 & Light St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November Eighth

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Grace Geraldine Blanie

Sex, Male or Female, {cross out the word not required in this line.} female

Age, (4) *Years,* 2 *Months,* 21 *Days.*

Color, white

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Chase St. No 1423

Cause of Death {First, (Primary,) Diphtheritic Croup.

Second, (Immediate,) asthma

Duration of last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 9th 1882

T. J. Timmis *M. D.*
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 242 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

Permit No. 61264 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gahard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 10 N. Eutaw St

Cause of Death, First, (Primary,) Carbuncle

Second, (Immediate,) Sepsis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Sweet-Home Cemetery

Date of Burial, Nov 9th 1882

Undertaker, J. J. Locke

Place of Business, #73 Jefferson St Address, 243 Eutaw

[illegible] M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61265 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 7, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Bohn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* — *Months,* 3 *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 152 Raborn

Cause of Death, First, (Primary,) —

Second, (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, Nov 9 1882

Undertaker, W. H. Young

Place of Business, No 62 Eutaw St. *Address,* 306 W. Fayette St.

C. H. Neff *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special attention of Physicians is respectfully invited to the ...

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ella Hememan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #60 Pine St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, 12 Mos

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 9th 82

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

Jno K Duncan M. D.
Medical Attendant.

Address, 71 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61267 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Petchek

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 N Duncan Alley

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 10

Undertaker, J. H. Herwig

Place of Business,

J. H. Collenberg. M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6268 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Staub

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 9 *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 months 3 days

Place of Death, {Give street and Number.} 96 Randall St.

Cause of Death, First, (Primary,) Difficult Dentition

Second, (Immediate,) Intestinal Catarrh

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial. Nov. 10

Undertaker, B. Haile

Place of Business, 42 West St.

Wm Gould M. D.,
Medical Attendant.

Address, 406 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6128 Board of Health, City of Baltimore. 13

Permit No. 400. *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Blanch McLaughlin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 28 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 28 N Fremont

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,) 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Oliver bap

Date of Burial, November 10th

Undertaker, Wm J. Tichner

Place of Business, 65 S. Eutaw st

J H Cuming M. D.,
Medical Attendant.

Address, 76 Lacaud

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61270 *Office of Registrar of Vital Statistics.* Ward 4 & 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th. November 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Mohl

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25. *Years,* — *Months,* 20 *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} E. Lombard st. bet. Nro 4 & 6

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 1/4 year.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, November 10th

Undertaker, Fred Geede

Place of Business, No 29 S. Caroline st

William Hensel M. D.,
Medical Attendant.

Address, S. Wolfe & Mt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6727 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Bobbitt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, over 30 yrs.

Place of Death, {Give street and number.} 53 Harmony Lane

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) —

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Nov 9th 1882

Date of Burial, Laurel Cemetery

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St *Address,* 443 Franklin St

H F Hill *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Att... ...ician of Physicians ...

Board of Health, City of Baltimore,

Permit No. 61272 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 9 1882 REGISTRATION

Date of Death, November 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Leidich

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 55 *Years,* — *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Labor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, 12 or 15 Years

Place of Death, { Give street and Number } 29 N. Monroe St

Cause of Death, First, (Primary,) Syphilitic Rheumatism

Second, (Immediate,)

Duration of Last Sickness, Don't know. only saw him a few days. Known to his death

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 9/82

Undertaker, Rau & Bartell

Place of Business, 62½ W. Baltimore St

W. Rowe Kinsel M. D.,
Medical Attendant.

Address, 582 W. Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61273 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 9 1892

Date of Death, 11, 7 8 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma V. Travers

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 10 *Months,* —— *Days,*

Color Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~ ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 11 yrs 2 mos

Place of Death, {Give street and Number.} 52 Payne

Cause of Death, First, (Primary,) Abscess of Liver

Second, (Immediate,) Coma

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 9

Undertaker, H Ross

Place of Business, 95 Dolphin St

Medical Attendant.

Address, 349 E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 61274 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Knaus

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 1 *Years,* 2 *Months,* 23 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 70 Caldwell st

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 10

Undertaker, Henry Brickle

Place of Business, Fawn st 81

Howard Cook M. D., Medical Attendant.

Address, 146 Hanover st

Recorded

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention

2 Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED NOV 9 1882 REGISTRAR OF VITAL STATISTICS BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th 1882 Oct. Decembr

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sidney Kaufman

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 3 *Years,* 8 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 324 Alice ann Street

Cause of Death { First, (Primary,) ~~Dyptheria~~ Chronic Cough
Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Hanover St

Date of Burial, Nov 9

Undertaker, W Elam

Place of Business,

C. C. Richardson M. D.
Medical Attendant.

Address, Lombard & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 61276 *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novbr 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Byrnes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 8 *Months,* 7 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 20 Gunnoust Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, about 5 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Nov 9th 1882

Undertaker, James D Byrne

Place of Business, No 63 N Front St

J W McCorrell M. D.,
Medical Attendant.

Address, 162 S Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

Permit No. 61277 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brennan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* 8 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, ~~Same~~ Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 179 N. Washington St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Nov. 9th 1882

Undertaker, M A Daiger

Place of Business, 74 S. Bond

James F. Head M. D.,
Medical Attendant.

Address, 68 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 1 6/278

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th, 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred C. Wiedeking

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 9 Months, 22 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boy

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 416 Carlton Av.

Cause of Death, First, (Primary.) Diphtheria,

Second, (Immediate.) Laryngitis.

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, Nov 9 1882

Undertaker, Leonard Pilz

Place of Business, 129½ S. Broadway

St. Geo. W. Lauck M.D.,
Medical Attendant.

Address, 128 Park Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61279 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mark Herbert Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* 22 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 6 S. Chester st. ✓

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Paralysis of Heart

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 10. 1882

Undertaker, Leonard Ritz

Place of Business, 129½ S. Broadway

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6128 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Krawk

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 111 Cambridge St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Enteritis

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Nov 10. 1882

Undertaker, Leonard Ritz

Place of Business, 129½ S. Broadway

Nicholas L. Dashiell Sr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to this

Board of Health, City of Baltimore,

Permit No. 61281 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 9 1882 BALTIMOR

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Schoepperlein

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 27 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 55 S. Regester St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov. 11th 82

Undertaker, G. France

Place of Business, Bank & Wolfe

James T. Ward M. D., Medical Attendant.

Address, 68 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 61282 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Gilden

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 591 Chapel

Cause of Death, First, (Primary,) Angina membranacea

Second, (Immediate,) Suffocation

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 9th 82

Undertaker, G. France

Place of Business, Bank & Pine *Address,*

J. Sutton *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 61283 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Rogers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 330 Central Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Hernia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov. 10. 1882

Milton N Taylor M. D.,
Medical Attendant.

Undertaker, Wm. H. Sheaman

Place of Business 234 N. Gay St. *Address,* Broadway & McElderry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 61284 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV. 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 o'clock P M. Wednesday November 8 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabell Myers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 6 Months, ____ Days. ____ Years,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 3 Potomac St

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 3 Potomac St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Pneumonia Tonic Spasms

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov. 9th

Undertaker, Wendelken & Co

Place of Business, 15 E. Fayette St

J. E. Prichard M. D.,
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6185 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Connolly

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 69 Shamss Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial. Nov. 9th

Undertaker, Wendelken Sons

Place of Business W. Bond st. 251

N. L. Dashiell Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6286 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Brady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 7 Bruce

Cause of Death, First, (Primary,) Inflammation of the Liver

Second, (Immediate,) Caused by an injury

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov 10th 1882

Edwd F. Mitchell M.D.,
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto Address, 283 W. Lond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61287 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov the 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesly Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 15 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 32 Short St

Cause of Death, First, (Primary,) havy could and Sickly baurn

Second, (Immediate,)

Duration of Last Sickness,

At the above information should be furnished by the Physician.

Place of Burial, Laurl Cemt

Date of Burial, Nov the 9th

Undertaker, Mr Lock

Place of Business,

Geo. W. Dorsey M. D.

~~Medical Attendant~~

Address 2m Fell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

2

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9. Nov. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Brandt

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 20 *Days.*

Color, white

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 160 S. Chapel St.

Cause of Death { First, (Primary,) / Second, (Immediate,) small pox

Duration of last Sickness, six days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Evangelical Cem

Date of Burial, November 10th

Rob. Thorburn M. D.
Medical Attendant.

Undertaker, H. O. Sanders Son

Place of Business, 252 Canton Ave *Address,* 191 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[u...

...C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully [illegible]

19

Permit No. 61289

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 18 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 17 *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 7 Bruce St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Nov 10 1892

Undertaker, Daniel Dyer

Place of Business, 43 Chestnut St

J. O. Stamm *M.D.,*

Medical Attendant.

Address, 41 N. Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4

Board of Health, City of Baltimore,

Permit No. 61290

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Saunders

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 40 East St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, abt. 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Old bury Cemetery

Date of Burial, Nov 10 1882

Undertaker, William Dungan

Place of Business, No 62 East St

Geo. L Kammerer M.D.,
Medical Attendant.

Address, 73 E Fait St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

'5

Board of Health, City of Baltimore,

Permit No. 61291

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
NOV 10 1902
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Myers

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* ——— *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 81 East St

Cause of Death, First, (Primary.) Miscarriage

Second, (Immediate.) Tetanus

Duration of Last Sickness, about Two Week

All the above information should be furnished by the Physician.

Place of Burial, Albany Cemetery

Date of Burial, Nov 10 1892

Undertaker, William Dwyer

Place of Business, 1062 East St

H. Smith M.D.,

Medical Attendant.

Address, 5 N. W. Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Gassaway

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, About 27 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not given

Duration of Residence in the City of Baltimore, Not given

Place of Death, {Give street and number.} 129 Raborg st.

Cause of Death, First (Primary,) Scrofula and Mercurialization

Second (Immediate.) Erysipelas of leg and Pyaemia (Neglect &c.)

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Strange's Church

Date of Burial, Nov 10 1882

Undertaker, Daniel Dugan

Place of Business, 1276 Hurst

E. H. Holbrook M. D.
Medical Attendant.

Address 185 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 6/2793 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. October 9th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pat. Ryan

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 217 S. Bethel Street -

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Haemoptysis

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, November 10th

Undertaker, Jacob Bucher.

Place of Business, 224 Eastern Av

N. L. Dashiell Jr M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61274 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 10 1892 BALTIMORE

Date of Death, Nov the 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Tolton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 14 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 143 Reburg St

Cause of Death, First, (Primary) not known, but his brouqt was swollen
Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurl

Date of Burial,

Undertaker, Mr William Bishoff

Place of Business, 97 Druid Hill av

Geo W. Dixon M. D.,
~~Medical Attendant.~~

Address, Bds of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61295 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

Date of Death, Nov 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella McGraw

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 111 Hollins

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Nov 10th/82

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

Edw. F. Michael M. D., Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 61296 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bathlomew Tully

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Peddler in rolling Mill

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30.

Place of Death, {Give street and Number.} City Hall

Cause of Death, First, (Primary,) Fell over the Banister Fracture

Second, (Immediate,) resg. the base of the Skull

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetary

Date of Burial, Nov 10th 1882

Undertaker, McGinnis

Place of Business, 13 Aisquith St

J G Connolly M. D.,
Medical ~~Attendant~~.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61297 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 10 1892 BALTIMORE

Date of Death, Oct 15th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hennessy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1055 E. Lexington St

Cause of Death, First, (Primary,) Cerebral Hyperaemia

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Salvator's Ceme

Date of Burial, 16th

Undertaker, Wm Duffy

Place of Business,

Wm H. Gatch M. D.,
Medical Attendant.

Address, 1055 E. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 17 6 1298

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
NOV 10 1
1862
BALTIMORE

Date of Death, November 9th 1862

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Shaber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 13 Dunnalt Ct

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 10

Undertaker, B. Hall

Place of Business, 52 West St

C. & C. Cook *M.D.,*
Medical Attendant.

Address, 173 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of

Board of Health, City of Baltimore,

Permit No. 61299 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 10 1899 BALTIMORE

Date of Death, Nov. 8 — 99

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Harris

Sex; Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B, City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 45 Aisquith alley

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) Apnoea

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 9

Undertaker, B. Adams

Place of Business, 52 West St

C. A. Davis M. D., Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6800 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

Date of Death, Nov 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gundlock

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, 10 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 387 S. Eutaw St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 11th 1882

Undertaker, J. Julius Fechter

Place of Business, Sharp & Cross Sts. *Address,* 152 Sharp St.

R. J. H. Tull, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No 61301 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice P Bailey

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Snow Hill Md

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and number.} 4 Eldorado

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Sharon St. Cem.

Date of Burial, Nov 10th 1882

Undertaker, Alex Hanley

Place of Business, 116 Orchard St *Address,* 201 W. Biddle St

R. Winslow *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61302 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Tillen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 109 S. Sticker St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Spina bifida from birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cy

Date of Burial, Nov. 11 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

Thos. Brooke Hayes M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61503 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine L. Parr

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 1 *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} N. 25 N. Howard st

Cause of Death, First, (Primary,) Typho Malaria

Second, (Immediate,) Prostration

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Sunday Nov. 12

C. L. Buddeboh M. D.,
Medical Attendant.

Undertaker, Raul & Barlet

Place of Business, ~~Frederick~~ Balto

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61804 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Magrath Lossing

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russian Poland

Duration of Residence in the City of Baltimore, Since Birth 1 Week

Place of Death, {Give street and Number.} 168 Loudon Avenue

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of Last Sickness, abt 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cy.

Date of Burial, November 9th 1882

Undertaker, M. Lamb

Place of Business, 35 Bank St

Millhart M. D., Medical Attendant.

Coroner

Address, 67 E Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61305 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Helen Peterson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} ~~[illegible]~~ Female

Age, ~~[illegible]~~ ~~Years,~~ ~~Months,~~ 26 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~ Life ~

Place of Death, {Give street and Number.} N. E. Cor Durham & Aliceanna

Cause of Death, First, (Primary,) Trismus (Nascentium)

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial. Nov 10

Undertaker, W D Dyer & Co

Place of Business, 152 E Bond St

Thomas R Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Regulations of Physicians in Reference

15 Board of Health, City of Baltimore,

Permit No. 61306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Henry Frese

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 19 *Years,* 5 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Boxmaker

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Eyter, Hanover, Germany

Duration of Residence in the City of Baltimore, about two years

Place of Death, {Give street and number} No 54 Church st.

Cause of Death, First, (Primary,) Diphtheria & Pneumonitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, sick only two days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 11-1882

Undertaker, Miller

Place of Business, Harrison St.

W. C. Sandrock M. D.
Medical Attendant.

Address, 227 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61501 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

Nov CERTIFICATE OF DEATH.

Date of Death, October 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Salome Diffenderffer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 1 South High St

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov 11th 1882

Undertaker, Thos L Hughes

Place of Business, Thos L Hughes

Gr H Diffenderffer M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is ...

Board of Health, City of Baltimore,

Permit No. 61308 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E. Reddick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 178 Johnson

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Congestion of the Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnd Brook

Date of Burial, Nov 11 - 82

Undertaker, Amos Ingram & Dorsey

Place of Business, No 268 Light St

Edward Ortz M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61307 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Dora Hess

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty Yrs.

Place of Death, {Give street and Number.} 28 S. Gist St.

Cause of Death, First, (Primary,) Pleuro-Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, S. Paul's Cemetery

Date of Burial, November 12th 1882

Undertaker, Leonhard Kurz

Place of Business, 27 S. Bond St. } *Address,* Balt. Md. } G. Glanville Lusk M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6137

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 10 1892 BALTIMORE

Date of Death, Nov 9th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} McAllisters Ct near Pine

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial E P Cem

Date of Burial, Nov 10

Undertaker, M Coleman

Place of Business,

E. B. Tenby *M. D.,*
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67311 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 333. Saratoga St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) " "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 10

Undertaker, C H Bluford

Place of Business, 198 Penn

A. C. Fox M. D.,
Medical Attendant.

Address, 506. W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61812 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

Date of Death, Novemb. 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Ann Brenner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Twenty nine Years, Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hagerstown Washington Co Md

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, {Give street and Number.} No 50 Bloom St.

Cause of Death, First, (Primary,) Has not called until half hour previous to death. History of Malaria three weeks ago. No physician attending since three weeks ago. History seems to point to typhoid fever though there is no evidence of lung trouble

Second, (Immediate,) Intestinal hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Londen Park

Date of Burial, Nov 11

Undertaker, Robt Blizard

Place of Business, 198 Penn ave

A. C. Pole M. D., Medical Attendant.

Address, No 1 North Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61383 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E Fuller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 17 S Chapel St

Cause of Death, First, (Primary,) Cynanche Maligna

Second, (Immediate,) Paralysis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, Nov 10th 1882

Undertaker, H C Sander & Son

Place of Business, 262 Canton Ave *Address,*

C. Futcher M. D.,
Medical Attendant.
No 17 S Chapel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61814 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mason England

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* — *Months,* — *Days.*

Color, Caucasian

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——— Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hartford Co Md.

Duration of Residence in the City of Baltimore, 10 mos

Place of Death, {Give street and Number.} 197 Lawrence Ave

Cause of Death, First, (Primary,) Peritonitis (Malignant)

Second, (Immediate,) Blood poisoning

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Nov

Undertaker H C Weedefuller

Place of Business, ———

D. Stall M. D.
Medical Attendant.

Address, 148 W Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 61515 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1882 –

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry F. Ossing

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } .....

Age, 29 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation, Painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 171 S. Sharp St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia, Double.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Nov 11

Undertaker, F. N. Troll

Place of Business, 131 Hanover St *Address,* 152 Sharp St.

R. J. H. Tall, *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 6816 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Knowles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Store Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Meath Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} 36 East Str

Cause of Death, First, (Primary,) Country

Second, (Immediate,) Softening of the brain

Duration of Last Sickness, about 4 years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Nov 11 1882

Undertaker, James P. Byrne

Place of Business, No 63 Fayette St *Address,*

G A Dohme, M. D.,
Medical Attendant

S E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61317 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Somerville

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, abt 62 *Years,* — *Months,* — *Days.*

Color, b

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys County Md

Duration of Residence in the City of Baltimore, 5

Place of Death, {Give street and Number.} 225 Mulliken St

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,) 3

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E P Cem

Date of Burial, Nov 10

Undertaker, M Coleman

Place of Business,

Chas Corfet M. D.,

Corner E. Lo ~~Medical Attendant.~~

Address, 672 Bridge St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61318 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1 1352 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philipp Grofs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days,*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, carpenter.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} N.W. corn. Scott & Stockton Sts.

Cause of Death, First, (Primary,) Pulmonary Phtisis.

Second, (Immediate,) Miliar Tuberculosis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov 12/ 82

Undertaker, J B Cook

Place of Business, 707 W Balto St

Henry Salzer M. D., Medical Attendant.

Address, 169 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61317 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Hale

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 8 *Months,* 19 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City during Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 41 E. Townsend St

Cause of Death, First, (Primary,) Malarial

Second, (Immediate,) Fever

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, November 12 1882

Undertaker, M A Daiger

Place of Business, 74 E. Bay Address,

John E. Clemmens M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61820 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT NOV 10 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1892.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James King.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } York Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 27 S. Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis of the heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft Mc Henry

Date of Burial. Nov 10

Undertaker, F Kershner

Place of Business,

Medical Attendant.

Address, 101 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday November 9th 1882 3 + 30 p.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles L. McCollum.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Paying Teller (Bank)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westminster Carroll Co. Md.

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, {Give street and number.} 200 Harlem Av.

Cause of Death, First (Primary,) Bright's Dis.

Second (Immediate,) Uraemic Coma.

Duration of Last Sickness, Five (5) days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. *Date of Burial,* Nov 11th 1882

N. G. Keirle, M.D.
Medical Attendant.

Undertaker, D'Envy & Mitchell

Place of Business, 550 W Fayette St. *Address* # 248 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 61322 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thomas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 80 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Co

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} Mrs Thomas No 25 State St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cemt,

Date of Burial, Nov 12th 1882

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St Address,

Chas E Donovan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 61323

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Berman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 7 *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N.W. Cor. Montgomery & Longlet Sts

Cause of Death, First, (Primary.)

Second, (Immediate.) Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 10 1882

Undertaker, S. W. Chase

Place of Business, 198 Howard St

~~Medical Attendant~~ Coroner & Phys'n *M.D.,*

Address, 161 E. Lexington St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 1882

Permit No. 61324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James R. Lamb

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Color *Sex,* Male

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.} /

Occupation, Waiter,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 341 N Howard st

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Phthisis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 11 1882

J. Gilman M. D.
Medical Attendant.

Undertaker, S H Chase

Place of Business, 1 E Howard st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 61325 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 10, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Warren Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 1 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co., Md

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and Number.} 175 S. Regester st.

Cause of Death, First, (Primary,) Strangulation

Second, (Immediate,) Cardiac Dropsy,

Duration of Last Sickness, 5 weeks,

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel Cemetery

Date of Burial, Nov. 12 82

Undertaker, Frey & Bro

Place of Business,

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway
for A. T. Gosnell M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61826 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Klein

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } No 466 Eastern Ave

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 11-1882

Undertaker, John Daly

Place of Business Wolfe 20

Dr. Kelly M. D.

Medical Attendant.

Address, 342 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 61327 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Hoge

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days,*

Color, Wh.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 970 W. Balto.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Laryngeal Phthisis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, November 12. 82

Undertaker, Philip S. Dill

Place of Business, 183 Columbia Av. *Address,* 47 Franklin

Thomas Biddle M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61328 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1882 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza C. Ferguson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 1 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and Number.} 35 Randall st

Cause of Death, First, (Primary,)

Second, (Immediate,) Dysentery

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 10 Edward Cotter M. D.

Medical Attendant.

Undertaker, B. Myers

Place of Business, 82 West Pratt *Address,* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61829 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH NOV 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Adam Eisenmann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One (1) *Years,* *Months,* Twenty Eight (28) *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } Belair Ave above Washington Street

Cause of Death, First, (Primary,) Acute Meningitis

Second, (Immediate,) Eclampsia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 12 th 1882

E. O. Stone M. D.,

Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. Address, Corner Caroline Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61830 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanne K. Young

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 67 *Years,* 9 *Months,* 7 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, { Give street and Number. } 323½ Penna. Ave.

Cause of Death, First, (Primary,) Chronic Gastritis & Hepatitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 12

Undertaker, Walter Emmert

Place of Business, 315 W. Biddle

J. J. Christian M. D.,
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61331 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ludwig Daniel Muntz.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 58 — *Years,* 9 — *Months,* 15. *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower —

Occupation, Minister of the Gospel

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany —

Duration of Residence in the City of Baltimore, 24 years —

Place of Death, { Give street and Number. } 94. E. Fayette —

Cause of Death, First, (Primary,) Pernicious Intermittent fever

Second, (Immediate,) Congestive Chill —

Duration of Last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Nov 13th

Undertaker, Geo Schilling

Place of Business,

G. A. D. Thum, M. D.,
Medical Attendant.

Address, 84 E. Fayette —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61882 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Mochefski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 99 Thames St

Cause of Death, First, (Primary,) Chronic Diarrhoea

Second, (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 11 Nov

Undertaker, H Dippel

Place of Business, 151 S. Bond St

John H. Kelly M. D.,
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61333 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Vandenville

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 10 months.

Place of Death, {Give street and Number.} #28 President St.

Cause of Death, First, (Primary,) Entero-colitis.

Second, (Immediate,) Asthenia

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 11

Undertaker, Edward Lloyd

Place of Business, 157 E Bond

James Brown M. D.,
Medical Attendant.

Address, #110 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61334 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10 to 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May. Hoflich

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 3 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 173 Mont Emery St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sunday Nov 12th 1882

Undertaker, Conrad Kunkel

Place of Business, No 60 Park ave

Edward [illegible] M. D.,
Medical Attendant.

Address, 54 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67335

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Mary Mace

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 Minutes *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City-161 W Lombard St

Duration of Residence in the City of Baltimore, 5 minutes

Place of Death, {Give street and number.} 161 W Lombard St

Cause of Death, First, (Primary.) Asphyxia

Second, (Immediate.) Pulmonary Congestion

Duration of Last Sickness, 5 Minutes

All the above information should be furnished by the Physician.

Place of Burial, E P Cem

Date of Burial, Nov 11

Undertaker, W Coleman

Place of Business,

W A McIntosh *M.D.,*

Medical Attendant.

Address, 161 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61336 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10 - 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm J. H. Sanders

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 63 *Years,* 6 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Drayman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 195 N. Bethel St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Ex Hemorrhage

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. Nov 12 - 1882

Undertaker, Wm W Madden

Place of Business, 76 East St

Chas H Taylor M. D.,
Medical Attendant.

Address, 222 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 61337 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh S. Wightson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Ship Smith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 18 Years.

Place of Death, {Give street and number.} 53 S. Eden St.

Cause of death, First, (Primary,) Stricture of Urethra (Spasmodic)

Second, (Immediate,) Uraemia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Nov 13th 1882

Undertaker, Denny & Mulliken

Place of Business, 45 S. Broadway

Jno. S. Smith M. D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61338 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Tisdale

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 69 Eastern Ave

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Do

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Balt Co

Date of Burial, Nov 12th 1882

Undertaker, Henry Ed Mitchell

Place of Business, 165 S Broadway

Medical Attendant. [illegible] M. D.

Address, 24 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6 F 61339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward S Rodley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 422 E Fayette St

Cause of Death, {First (Primary,) Exposure

Second (Immediate,) Phthisis

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, W. E. Cem on Phila Road

Date of Burial, November 12" 1882

F. A. McManus M. D.
Medical Attendant.

Undertaker, W a Daiger

Place of Business, 74 S. Broadway Address 54 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

Board of Health, City of Baltimore,

Permit No. 61840 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 XI 82.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Black

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 67 Market Place

Cause of Death, First, (Primary,) Asphyxia

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Nov 6. 11 the 1882

Undertaker, Ramsey Bartlett

Place of Business, 62½ W. Balt St

..... M. D.,
Medical Attendant.

Address, 33

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6134/1 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Herman Otterbach

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life.

Place of Death, {Give street and number.} 225 Pierce St

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About one Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 12th 1882

Undertaker, Chas P. Kümmerle

Place of Business, 317 Baltimore St

Dr Dickel M. D.,
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61842 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Macnamara

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and Number.} 57 Bunen

Cause of Death, First, (Primary,) Concussion (Centro Spinal) Fall

Second, (Immediate,) Bilateral paralysis - 4 hours

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 13 1882

Undertaker, James, P. Byrne

Place of Business, No 63 N Frem[illegible] *Address,* 171 N. Calvert

Geo B Laycock M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61843 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Jeremiah Martin Broggy~~ Nov. 10, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Martin Broggy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} City Hospital.

Cause of Death, First, (Primary,) Pneumonic Phthisis

Second, (Immediate,) Carbonic acid Poisoning,

Duration of Last Sickness, Over 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 12 1882

Undertaker, James P. Byrne

Place of Business, 1163 N Front

E. Hawks *M. D.,*

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61344 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 Gilting St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Pneumonitis

Duration of Last Sickness, Typhoid Fever 3 weeks. Pneumoni 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Nov 12th 82

Undertaker ~~Amos~~ [illegible]

Place of Business, 263 Light St

R. J. H. Tull M. D.,
Medical Attendant.

Address, 15-2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61345 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip H. Althouse

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 318 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Balto Cem

Date of Burial, Nov 11 82

Undertaker, Armstrong & Sons

Place of Business, 243 Light

Geo. Lotz M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Elizabeth Lippy

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Six — *Years,* Six *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 106 Mosher St.

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Sepsis

Duration of last Sickness, Unknown by the attending physician

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 12/82

Undertaker, Geo Weaver

Place of Business, 202 N Eutaw

James Bacon M. D.
Medical Attendant.

Address, Cor Arlington ave & Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61347 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Meister

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 86 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 35 years

Place of Death, {Give street and Number.} 152 East St

Cause of Death, First, (Primary,) Exhaustion following paralysis

Second, (Immediate,) .....

Duration of Last Sickness, Nearly three years.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 12 th

Undertaker, H. C. Wiedefeld

Place of Business, 70 Greenmount Av

D M Bathell M. D.,
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61348 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Lean

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 221 Hamburg St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial O. Cathedral

Date of Burial Nov 12

Undertaker Armstrong Denny

Place of Business,

R. J. H. Tall M. D.,
Medical Attendant.

Address, 152 Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6/8419 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th day of November 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wallis Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 403 West Hollins St

Cause of Death, First, (Primary.) Gastro Intestinal Irritation

Second, (Immediate.) Cerebral Effusion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Western Cem.

Date of Burial, Nov. 12 1882

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St

D. P. Hoffman M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6350 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josefhine Capsecape

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 50 *Years,* — *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. } Single

Occupation, Lady

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 282 1/2 Mulberry St

Cause of Death, First, (Primary,) Lobar acute Rheumatism

with Phthisis & pulmonales

Second, (Immediate,) Haemoptysis

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Nov 13 1882,

A. H. Layton M. D.,
Medical Attendant.

Undertaker, J. B. Crook

Place of Business, 707 W Balto St Address, 543 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61351 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 11 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Woody

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 20 hours *Days,*

Color, ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 9 Carlton St

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg

Date of Burial, Nov 11

Undertaker, W R Dungee

Place of Business, ...

Geo. W. Dixon M. D.,
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61362 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph McKenna

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 124 Parkin

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 11 1882

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

Edw J. Mitchell M. D.,
Medical Attendant.

Address, 283 W. Lond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61853 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Nov 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Lewis

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, about 60 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Chronic Dysentary and Enlargement of Prostate

Second, (Immediate,) asthenia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Ant. Co. Md.

Date of Burial, Nov. 12th 1882

Undertaker, D. V. Eckert

Place of Business, 95 E Pratt

West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61357 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1882 BOARD OF HEALTH BALTIMORE MD. PERMITS

CERTIFICATE OF DEATH.

Date of Death, November 10. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Pumphrey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} W Fayette Between Pine & Fremont sts

Cause of Death, Verdict First, (Primary,) Injuries received from being run over by Car

Second, (Immediate,) 34 Citizens Line

Duration of Last Sickness, Minutes in law

All the above information should be furnished by the Physician.

Place of Burial, Loudon cemetery

Date of Burial, Nov 12. 1882

Undertaker, Mr. Stepers 5-2 Nine St.

Place of Business,

Alexander Finley M. D.,

~~Medical Attendant~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61356 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRATION DEPARTMENT NOV 12 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Hilgardner

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, house work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 year

Place of Death, {Give street and Number.} 207 S. Regester th

Cause of Death, First, (Primary,) Insufficientia mitralis et aortae

Second, (Immediate,) Hydrops, marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, November 13th 82

Undertaker, J. L. Schuh

Place of Business, 245 Aliceanna St. *Address,* 245 E. Lombard

J Mathieu M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61356 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 12 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angela Byrne

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} Child

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 22 Willow St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 12 1882

A Brophy Shorter M. D.,
Medical Attendant.

Undertaker, James D. Byrne

Place of Business, No 63 N Irem St *Address,* 11 S Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61857 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 76 Orchard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflamb of Stomach

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, Nov 12

Undertaker, J. L. Locke

Place of Business,

Chas. H. Dennis M. D.,

~~Medical Attendant~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Henry M. McKewen

Board of Health, City of Baltimore,

Permit No. 61858 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1892 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bayley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Sixteen *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Repair

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Puerto Rico

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} #362 E. Madison St

Cause of death, First, (Primary,) Variola Confluens

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 12

Undertaker, Ahrens

Place of Business,

Walter Stone *M. D.,*
Medical Attendant.

Address, 17 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special A... ...of this Certificate.

Board of Health, City of Baltimore, 9

Permit No. 6136 7 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C Crowell

~~*Sex;* Male or *Female*~~, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days,*

Color, Colored —

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Janeter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, Since Jan —

Place of Death, {Give street and Number.} 47 Lexington St —

Cause of Death, First, (Primary,) Phthisis Pulmonary

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 12

Undertaker, John de Lacks

Place of Business, 59 Wolf St

Chas. H. Riley M. D., Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 1 3 6 0 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. W. Bailey

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Two *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, Brown

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 2 years ✓

Place of Death, {Give street and number.} 17 Union St.

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Shore Va

Date of Burial, Nov. 13 82

Undertaker, Chas Hemsley

Place of Business 116 Richardson Ave

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61361 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th November 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Sophia Lang.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty five (65.) *Years,* *Months,* *Days,*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Private Teacher.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} 266. N. Howard St.

Cause of Death, First, (Primary,) Spinal cord degeneration. (Secondary)

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, about Two Years.

All the above Information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery.

Date of Burial, Nov. 12/82

Undertaker, STEWART & MOWEN, UNDERTAKERS, 36 Park Ave.

Place of Business,

W. C. Van Bibber M. D., Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 61362

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, NOV 12 1882 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. W. Hook

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 34 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Mansion House - cor St. Paul & Fayette Sts

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Asthma

Duration of Last Sickness, More than 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Nov 13/82

S. E. Chew M. D.
Medical Attendant.

Undertaker, STEWART & BOWEN, UNDERTAKERS, 38 Park Ave.

Place of Business,

Address 1211 Linwood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore.

Permit No. 61363 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. F. Buschini

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 420 Orleans

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Nov 12

Undertaker, M Cadogan

Place of Business, ...

J. H. Collenberg. M. D.,
Medical Attendant.

Address, 369 E. Baltimore St,

HEALTH DEPT. NOV 12 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61864 *Office of Registrar of Vital Statistics.* Ward C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Wangmiller

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 3 *Years,* *Months,* ~~Days~~,

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 134 Lancaster st

Cause of Death, { First, (Primary,) Second, (Immediate,) } Variola

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Nov 12. 1882

Undertaker, C. Sandy & Son

Place of Business, 202 Eastern Av

Thomas P. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61565 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Krumm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Stevedore

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 17 Years

Place of Death, {Give street and Number.} 167 S. Stenig Street

Cause of Death, First, (Primary,) Suicide by cutting throat

Second, (Immediate,) 333

Duration of Last Sickness, abt 20 Hours

All the above information should be furnished by the Physician.

Place of Burial, H. G. Cemetery

Date of Burial, Nov. 12. 1882

Undertaker, H. Sander & Son

Place of Business, 202 Eastern Ave

Chas. Wolpert M. D.,
Coroner & Medical Attendant.

Address, 67 Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61366 *Office of Registrar of Vital Statistics.* Ward 6/1366

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lamar Cary Wonderley

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 ½ *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } 25 Carrollton Ave

Cause of Death, First, (Primary,) Diabetes Mellitus complicated

Second, (Immediate,) with Tuberculosis pulmonum

Duration of Last Sickness, Less than 2 years

All the above information should be furnished by the Physician.

Place of Burial London Park Cem

Date of Burial, Nov 13 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 317 Madison Ave

Jas Carey Hume M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6867 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Stein -

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White.

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Housekeeper,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City -

Duration of Residence in the City of Baltimore, During life -

Place of Death, {Give street and number.} 110 Washington Ave

Cause of death, First, (Primary,) Puerperal Fever

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 13/82.

Undertaker, Andrew Knell

Place of Business, Columbia ave.

D. Richter, *M. D.,*
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61368 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian Jennings

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fredericksburg Va

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and Number.} 300 Lancaster St.

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va

Date of Burial, Nov. 13, 1882

Undertaker, H. A. Daige

Place of Business, 74 S. Bway

Chas F. McShane M. D.,
Medical Attendant.

Address, 1 of Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of the Undertaker is called to the Return of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61367 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward H. Tyler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 399 N. Bay St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 13th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmount Ave

J. E. Whitford M. D.,
Medical Attendant.

Address, 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61370 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frauenknecht

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* 23 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 282 S. Bethel St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas's Lane

Date of Burial, Nov. 13th 82

Undertaker, G. France

Place of Business, Bank & Wolfe *Address,* 243 Aisquith St

John H. Keller M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Attention of Physicians is respectfully invited to the Memoranda below, and to Blanks on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61871 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Marshall

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 3, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 393. Canton Ave. —

Cause of Death, First, (Primary,) Pneumonia. —

Second, (Immediate,) Eclampsia. Paralysis. —

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Nov. 13th 82

Undertaker, G. Frazer

Place of Business, Bank & Wolfe

A. V. Gosnell, M. D.,
Medical Attendant.

Address, 253, Eastern Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61372 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 13 1882 REGISTRAR BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Rudkoosky

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number.} 269 E. Ann st

Cause of death, First, (Primary,) —

Second, (Immediate,) Small Pox

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. A. Cemetery

Date of Burial, Nov. 13th 82

Undertaker, G. Franz

Place of Business, Bank & Ann Sts. *Address,* 125 Ann

G. C. Underwood M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18 61373

Board of Health, City of Baltimore,

Permit No. 61373

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred Becker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 9 *Months,* *Days.*

Color. White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No 306 Cross St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 13th 1882

John J Hamel *M.D.,*

Medical Attendant.

Undertaker, Julius Kochler

Place of Business, Sharp & Cross sts *Address,* 265 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61374 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret J Simmons

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, —— *Years,* 14 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 622 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Nov. 13 1882

Undertaker, J B Cook

Place of Business, 707 W Balto St

Jno J Blake M. D., Medical Attendant.

Address, 168 Cross St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61375 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Emma R. Eichelberger

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 276 Ramsay

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Nov. 13 1882

Undertaker, J. Bleook

Place of Business, 707 W. Balto St

W. McKenney M. D.
Medical Attendant.

Address, 582 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 61876 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12. 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Facett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 96 Godman's Alley

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 14

Undertaker, H Ross

Place of Business, 95 Monument St

E W Boze M. D., Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over}

Board of Health, City of Baltimore,

Permit No. 61377 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George P. Geibel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 140 Cross St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial. Nov 16 10

Thomas Corbin M. D., Medical Attendant.

Undertaker, B. Hurle

Place of Business, 92 West St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th November 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Henry.

Sex, ~~Male~~ Female, {cross out the word not required in this line.} Female.

Age, 72 *Years,* — *Months,* — *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single.

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co Md.

Duration of Residence in the City of Baltimore, Thirteen years.

Place of Death, {Give street and number} 140 Park avenue.

Cause of Death { First, (Primary,) Old age.
Second, (Immediate,)

Duration of last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md,

Date of Burial, Nov 14th 1882,

R Buddington M. D.
Medical Attendant.

Undertaker, M. Leadgard

Place of Business, 227 Mulberry St, *Address,* 140 Park avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6179 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia C. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 207 Leadh

Cause of Death, First, (Primary,) Scalded by boiling water

Second, (Immediate,) Pneumonites

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Nov 14th 1882

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Geo D Blake M. D., Medical Attendant.

Address, 165 Pacca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61880 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane C. Baumstecher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* ..... *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B C

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 322 S Bond

Cause of Death, First, (Primary,) Tuberculosis Meningitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Md

Date of Burial, Nov 14 1882

Undertaker, H. Saudy Son

Place of Business, 202 Canton Ave Address.

F. L. Kidder M. D., Medical Attendant.

per F. L. Brady

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6188 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday 5 PM Nov 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katy Neserke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, W

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} S

Occupation, N

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 13 O Donnell St cor Chesapeake St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 13 O Donnell St cor Chesapeake St

Cause of death, First, (Primary,) Congenital Malformation of Pallet

Second, (Immediate,) Inanation

Duration of Last Sickness, Was never well

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Nov 13 1882

Undertaker, H. Sander Jr

Place of Business, 202 Eastern Ave, *Address,* 28 O Donnell St

J. E. Prichard *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2

Board of Health, City of Baltimore,

Permit No. 61882

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aguelino March

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Ayeliz Slacker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 190 S. Durham

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Nov 13. 1882

Undertaker, A. Sandy & Son

Place of Business, 202 Caton Ave

Geo. S. Kinnemon M.D.,
Medical Attendant.

Address, 93 E Balt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6783 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alvira J Pittman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, School Teacher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dayton Ohio

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and Number. } 242 W Fayette St

Cause of Death, First, (Primary,) Phthisis Pulm

Second, (Immediate,) Prostration

Duration of Last Sickness, 12 Wks

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, Nov 14th 1882

Undertaker, Jno M Mc Ginnis

Place of Business, X11 Fayette

Wm B Turner M. D. Medical Attendant.

Address NE Cor Mulberry & Greene Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61384 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Ogle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 Y. 11 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 160 E. Pride

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 Years

All the above informations should be furnished by the Physician.

Place of Burial, Swartzer Cem

Date of Burial, Nov 14th

Undertaker, W. L. Lippel

Place of Business, 57 E Pratt

J. R. L. Britton M. D.
Medical Attendant.

Address, 77 E. Pratt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61380 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred D. Lowe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* 12 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B C

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 295 E. Lombard

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Coma

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Nov 14th

Undertaker, N. Dippel

Place of Business, 65 E Bond *Address,*

F. C. Ritter *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61386 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte T. Armstrong

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Market Woman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co.

Duration of Residence in the City of Baltimore, about 50 yrs

Place of Death, {Give street and Number.} 41 Lemon st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3a 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, M E Cem

Date of Burial, Nov 13

Undertaker J B Cook

Place of Business,

Herbert Harlan M. D.,
Medical Attendant.

Address, Balto Co Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 6138 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 11 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 10 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 135 Hanover St

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Uraemia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. Nov 12 1882

Undertaker, William H. Duggan

Place of Business, 62 East St

D. Stuart M. D.,
Medical Attendant.

Address, 149 E Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61388 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Chew

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colored.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Prostitute

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 120 Church St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Lobular

4 days.

Duration of Last Sickness, Did not see her one night before she died was drunk

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 12. 1882

Undertaker, Daniel J Dugan

Place of Business, 192 Pleasant St

Edward R. McDevitt M. D.,
Medical Attendant.

Address, 52 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 61389

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 13 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 12th November 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Leo Major

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ~~Days.~~

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 State St

Cause of Death, First, (Primary.) Tubercular Meningitis.

Second, (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St peters

Date of Burial, November 13-1882

Undertaker, M. J. Jordan

Place of Business, 63 park ave

Jno. J. Cary M.D.,

~~Medical Attendant.~~

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61390

Office of Registrar of Vital Statistics. 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 13 1882 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Lenberger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 5 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Eldridge Landing Md

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} 695 Hanover st

Cause of Death, First, (Primary.) Erysipelas Facies

Second, (Immediate.)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Eldridge Landing

Date of Burial, Nov 13/82

Undertaker, ~~Contractor~~

Place of Business, 263 Light

Q. A. Cook M.D.,
Medical Attendant.

Address, 573 Light st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 61391 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Hall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 9 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 179 S. Sharp St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Nov 12/82

Undertaker, F. A. Kerchner

Place of Business, 70 S. Carrollton Ave

Geo. W. Benson M. D.,

~~Medical Attendant.~~

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Inspector

Board of Health, City of Baltimore,

Permit No. 61892 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet A. Martin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* — *Days,*

Color, cd

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 910 S. Howard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Nov 13/82

Undertaker, F. A. Kirchner

Place of Business, 50 f. Carroll av

Geo. E. Brown M. D.,

~~Medical~~ Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Geo. E. Brown
Inspector

Board of Health, City of Baltimore,

Permit No. 61893 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adelia Stewart

Sex, Male or Female, { Cross out the word not required in this line. } [illegible]

Age, 39 *Years,* [illegible] *Months,* [illegible] *Days,*

Color, ~~Male~~ Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and Number. } Gorsuch Alley

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 13/

Undertaker Geo. W. Perkins

Place of Business, 130 Henrietta

Vernon Erle M. D.,
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61894 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Emrich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 21 Dover st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Evangl. Lutheran Druidhill

Date of Burial. Nov. 14th 1882.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore Str.

James Bosley M. D.,
Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61893 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th November '82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosie R. Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married,

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford County Md.

Duration of Residence in the City of Baltimore, 23 Years,

Place of Death, {Give street and Number.} 144 Lafayette Avenue

Cause of Death, First, (Primary,) Typhoid Pneumonia,

Second, (Immediate.) Hemorhage of the bowels,

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov. 14. 1882

Undertaker, Hopkins Bro. } Geo. Lowe M. D.,

Place of Business, 95 & Cha. } *Address,* 555 W. Fayette St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61396 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Hunt,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* 4 *Days,*

Color, White,

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Worcester Co, Md,

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and Number.} 404 Alice Ann St.

Cause of Death, First, (Primary,) Phthisis.

Second, (Immediate,) Small-pox.

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, E P Cem

Date of Burial, Nov 13

Undertaker, H J Coleman

Place of Business,

A. A. Gouvellas, M. D.,
Medical Attendant.

Address, 253 Eastern Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61397 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov the 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julianna Maghtuth

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 9 *Days,*

Color, B

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 18 Oxford St

Cause of Death, First, (Primary,) havy cold and Sick bourn

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemit

Date of Burial, Nov 13

Undertaker, Mr Gray W.St

Place of Business, 65 Hillary St

Geo. W. Green M. D.,
~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61398 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th, at 8:30 P.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Francis Hutchinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 7 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 25 Stennett St.

Cause of death, First, (Primary,) Diphtheritic Croup.

Second, (Immediate,) ——

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, Nov. 14 1882

Undertaker, Philip P. Dill

Place of Business, 183 Columbia St.

Wm. A. Abercrombie M. D.,
Medical Attendant.

Address, S.E. Cor. Columbia Ave & Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6199 *Office of Registrar of Vital Statistics.* 13 128 Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Annie Ready

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 60 odd *Years,* *Months,* *Days.*

Color, White

~~Married,~~ *Single,* ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, House Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and Number. } 159 Mulberry

Cause of Death, First, (Primary,) Rheumatism & heavy lifting causing

Second, (Immediate,) Valvular disease of Heart & Dropsy

Duration of Last Sickness, Medium 3 years very feeble

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 14 1882

Undertaker, Lacy & Mitchell

Place of Business, 550 W Fayette St

Edw Cary Thomas M. D., Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61700 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Sept. 1st 82~~ Nov. 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronia Bertha Rees

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 29 S. Wolf St.

Cause of Death, First, (Primary,) Teething, complicated with Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Com.

Date of Burial, Nov 14th 82

Undertaker, G. France

Place of Business, 1 Paca & Wolf *Address,* 173 E. Balto St.

E. P. Ross *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61401

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Barnes

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore St.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 33 N. Wolf St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Varida

Duration of last Sickness, Eight (8) days

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery

Date of Burial, Nov 14 82

Undertaker, Fry & Co

Place of Business, 67 N Broadway

J. C. McPherson M. D.
Medical Attendant.

Address, 23 S Chester St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61702 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Calvin Hook

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 4 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 208 E. Madison St

Cause of Death, First, (Primary,) congenital

Second, (Immediate,) convulsions

Duration of Last Sickness, About a week

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 14th

Undertaker, Geo. Schilling

Place of Business,

Milton A. Taylor M. D.,
Medical Attendant.

Address, 138 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 6743 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 14 1882

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Kraemer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} #268 Alice Anna St

Cause of Death, First, (Primary,) Variola.

Second, (Immediate,)

Duration of Last Sickness, Thirteen Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery.

Date of Burial, Nov. 14. 1882

John H. Kehberger M. D.,

Medical Attendant.

Undertaker, C. Sanderson Sons

Place of Business, 202 Columbia

Address, 213 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61404 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. William Hartman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 786 S Dallas St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, S Alphonsus Ch

Date of Burial, Nov 15

Undertaker, W Dilger

Place of Business, 151 S Bond

John A Kellogan M. D.,
Medical Attendant.

Address, 743 Fleet Frank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61405 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gellman C. Norgleton

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 *Years,* 6 *Months,* — *Days,*

Color, White

~~Married~~ Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and Number. } 25 George St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov 14th

Thomas Shearer M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 196 Baltimore *Address,* 1099 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61706 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche M. Metz

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} 63 E. Monument St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown

Date of Burial, Nov 14th 1882

Undertaker, E. D. Selby

Place of Business, Reisterstown

Silas N Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61407 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Dairyman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} cor Eden and Wolf streets

Cause of Death, First, (Primary,) Purulent Bronchitis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Five (5) weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Oct. 15th 1882 J. W. Slower M. D.,

Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay Address, Cor Bayer & Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Marvin Mathew

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 Years, 1 15 Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Centre St. near Aliceanna St

Cause of Death {First, (Primary,) Bronchitis Membranous Laryngitis
Second, (Immediate,)}

Duration of last Sickness, Forty Eight Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov. 14th/82

Undertaker, Geo Shilling

Place of Business, Aisquith & Monument Sts.

J. Frank Martin M. D.
Medical Attendant.

Address, Bel Air Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6/2/09 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George T Burk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, Brown

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pearl st. City of Balto.

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} No. 22 Pierce st.

Cause of death, First, (Primary,) Epilepsy

Second, (Immediate,) Prostration

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 15th 1882

Undertaker, S. H. Chase

Place of Business, 198 S. Howard st.

F. P. Gardner M. D.,
Medical Attendant.

Address, 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61210 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th November 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Charity

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and Number. } 272 Hamburg St

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt. P. Cemetery

Date of Burial, Nov. 14th 1882

Undertaker, S. H. Chase

Place of Business, 156 S. Howard St

J. D. Dyer M. D.,
Medical Attendant.

Address, 146. Hill St.

I. D. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61411 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 14 1882

CERTIFICATE OF DEATH.

Date of Death, Nov 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B. Kitty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} Randall St & potapsco ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial Nov 14th 82

Undertaker, C. F. Knauss

Place of Business,

Frank D Cotta M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61712 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13 '11 NOV 14 1911

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Sell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 102 Holliday

Cause of Death, First, (Primary,) Burns

Second, (Immediate,) Shock

Duration of Last Sickness, 8 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial. November 15th

D. Scott *M. D.,*

Medical Attendant.

Undertaker, Heinrich Schmidt's

Place of Business, 263 East Eager St. *Address,* 1423 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6743 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1882

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Wallace Todd

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation, Merchant Grocery

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 37 yrs

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 74 Sarato[illegible] St

Cause of death, First, (Primary,) General debility

Second, (Immediate,) A fall - Synchal[illegible] (12 to 15)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Nov 15/82

Undertaker, STEWART & BOWLES UNDERTAKERS 58 N. EUTAW ST.

Place of Business,

M. Cruse M. D.,
Medical Attendant.

Address, 9 W. Millenberger

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61414 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 14 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov the 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Henry McKenna

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Brass Finisher

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 111 Dolphin St

Cause of Death, First, (Primary,)

Second, (Immediate,) Comptsumtion

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Bonny Brae

Date of Burial, Nov the 15

Undertaker, Mr Sapperd

Place of Business, Eutaw near Preston

Geo W. Brown M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6/4/15 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 14 1882

Date of Death, November 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Haigluna

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Femal

Age, 8 *Years,* ~~Months,~~ ~~Days,~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 240, Ann Cor Aliceanna st

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, — 12 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Novr 14th 82

Undertaker, H C Sanders & Son

Place of Business, 252 Canton Av *Address,* 22 Jackson Place.

Thomas B. Evans M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6141 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Dinny

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, {Give street and number.} 322 Myrtle Avenue. Balto

Cause of Death, First (Primary,) Cerebral Disease.

Second (Immediate,) Typhoid Symptoms & nervous exhaustion

Duration of Last Sickness, about 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet.

Date of Burial, Nov. 14th 1882.

Wm. H. Stokes M. D.
Medical Attendant.

Undertaker, Wm. Weaver.

Place of Business, #202 N. Eutaw St. *Address* 141 St Paul St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 61417 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 14.1 1882 BALTIMORE

Date of Death, Nov 13 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Parish

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 450 East Lombard St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Dropsy

Duration of Last Sickness, 1 Month

All the above Information should be furnished by the Physician.

Place of Burial. Baltimore Cem.

Date of Burial. Nov. 14. 1882

Undertaker, M. A. Dauzer

Place of Business, 74 S. Broadway

E. Thay M. D.,
Medical Attendant.

Address, 14 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1882

CERTIFICATE OF DEATH.

Date of Death, 14th Nov 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Stern

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 336 S. Charles

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Nov 15th 1882

H. W. Mitchell M. D.
Medical Attendant.

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address,* J. J. Brune

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

Board of Health, City of Baltimore,

Permit No. 61719 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 13' 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Benson

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 78 *Years,* — *Months,* — *Days,*

Color, negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Washwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt-

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 16 Mosher St-

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Asthma

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov. 14th 1882

Undertaker, H F Gordon

Place of Business, 63 Park Ave

D. Sluett M. D.,

Medical Attendant.

Address, 14 W Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61420 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Nov~~ 14. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M. Sanders

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 140 Johnson

Cause of Death, First, (Primary,)

Second, (Immediate,) Small pox

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial Mt. Olivet Cem.

Date of Burial, Nov 16 1882

Undertaker H. Sander's Son. Hermann Cordes M. D.,

Medical Attendant.

Place of Business, 202 Canton Ave. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 61421

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

Date of Death, November 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edetta Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 272 German

Cause of Death, First, (Primary,) Congestion of the bowels

Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov. 15th 1882

Undertaker, J. B. Cook

Place of Business, 709 W. Balto St *Address,*

D. P. Hoffman *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61422 *Office of Registrar of Vital Statistics.* Ward ~~17~~ 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14-1 1882

CERTIFICATE OF DEATH.

Date of Death, Nov. 13, " , 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William George Gegan

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Employed in store Store.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Taylors Island, Dor. Co. Md

Duration of Residence in the City of Baltimore, 12 Months.

Place of Death, {Give street and Number.} 43 Hamburg St.

Cause of Death, First, (Primary,) Dyphu-Malarial

Second, (Immediate,) " "

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial Taylors Island

Date of Burial, Nov 15/1882

C. D. Smith — *M. D.,*

Medical Attendant.

Undertaker, Armstrong & Young

Place of Business, 263 Light *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61423 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 14 1882

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Domiak

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} S. E. Cor. Eastern Av. & Dallas St

Cause of Death, First, (Primary,) Internal Convulsions probably

Second, (Immediate,) caused by Variola Confluens.

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem

Date of Burial, Nov 15 1882

John H. Kelberger M. D.,
Medical Attendant.

Undertaker H. C. Saunders Son

Place of Business, 202 Caroline St. *Address,* 243 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6/4/24 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1 1882

CERTIFICATE OF DEATH.

Date of Death, November 23th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Hopkins.

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days,*

Color,

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Philadelphia Pa

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and Number. } # 55 Linden Avenue

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 7 years

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial,

Undertaker, Geo Limelack

Place of Business,

Samuel C. Powell M. D.,
Medical Attendant.

Address, 1529 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61425 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1892.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dora A. Kauffman

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 6 *Years,* 10 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 839 N Gay St.

Cause of death, First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of Last Sickness, Eight Days.

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Nov 16

Undertaker, Walter Timmes

Place of Business,

John A. Kluge M. D.,
Medical Attendant.

Address, 275 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the e and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61726 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1892 BALTIMORE

Date of Death, Nov 15 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline F. Lowe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give street and Number.} 353 E. Baltimore St

Cause of Death,
First, (Primary,)
Second, (Immediate,) Consumption

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Talbot Co Md

Date of Burial,

Undertaker, Emory and Mitchell

Place of Business, 60 & Broadway *Address,* 95 E Balto St

A. W. Houck M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61427 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Myers

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Harlem Ave

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Nov 15 1882

Undertaker, John Stuff

Place of Business, *Address,*

S Sellman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61428 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Truman Skinner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} London Co Va

Duration of Residence in the City of Baltimore, Resident Catonsville

Place of Death, {Give street and Number.} 28 S Howard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 16 1882

Undertaker, A. J. Jenkins & Son

Place of Business, 100 Dolphin

Alexander Finley M. D.,

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61729 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

Date of Death, Nov 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Niles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 89 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower.*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Old Womans Home

Cause of Death, First, (Primary,) Tumour of Liver

Second, (Immediate,) .....

Duration of Last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial Old Methodist Cem.

Date of Burial, 15 Nov. 1882

Undertaker H O Jenkins & Son

Place of Business 475 N. Chas St. *Address,* 257 Mad Ave

H H Watson M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61420 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bahlke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailoress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and Number.} 62 S Milliman

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness (Several days attended by another Dr.)

All the above information should be furnished by the Physician. Called in Sow Sunday Morning P.M.

Place of Burial Mount Carmel Cemetery

Date of Burial, Nov 15 1882

Undertaker, John Hennessy

Place of Business, 382 Orleans St

James E Donnelly M. D., Medical Attendant.

Address, 296 Pitts. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

17 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wesley Barker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* 14 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 2 years 6 months

Place of Death, {Give street and number} 128 Fort Ave

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, November 15

Undertaker, B. Gleaves

Place of Business, 52 West St.

E. K. Wiley M. D.
Medical Attendant.

Address, 158 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 61432 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 15 1882 BALTIMORE

Date of Death, November 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Weaver

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} 344. E. Fayette st.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small pox

Duration of Last Sickness, 4 day's

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Nov 14/82

Undertaker, H. Saunders

Place of Business, Canton

Geo. W. Brown M. D.,

~~Medical Attendant~~.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Surgeon

Board of Health, City of Baltimore,

Permit No. 6 1/4 23 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

Date of Death, November 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nettie Dellahay

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 11 *Years,* — *Months,* — *Days,*

Color, ed

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 312 S. Howard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 5 days

All the above Information to be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Nov 14/82

Undertaker, H. Rose

Place of Business, 50 S. Carrollton

Geo. W. Benson M. D.,

~~Medical Attendant.~~

Address Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Inspector

Board of Health, City of Baltimore,

Permit No. 61434 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

Date of Death, November 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John S. Wilson

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ——— *Years,* Nine *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } the 534 Lexington st

Cause of Death, First, (Primary,) Minutes

~~Second, (Immediate.)~~ Convulsion

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial Western cemetery

Date of Burial, Nov 15th 1882

Undertaker, Jos B. Cook

Place of Business No 707 N Baltimore Street *Address,* 584 W Fayette st

R. L. Gantt M.D.; Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to that of Section 2 of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61435 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

Date of Death, Nov. 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Allen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* ..... *Months,* ..... *Days,* /

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 211 Eastern Ave

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov. 15th 82

Undertaker, G. France

Place of Business, Park & Wash. *Address,* .....

Med. Att. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18 61436

Board of Health, City of Baltimore,

Permit No. 61436

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie J. R. Bradley

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 42 *Years,* 11 *Months,* 12 *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 102 Ridgely St

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemet

Date of Burial, Nov 15th 1882

Undertaker, Armstrong & Conn

Place of Business, 263 Light

A. Bol. Coltman M.D.,

Medical Attendant.

Address, 343 W. Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6743 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julian H. Golden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~4~~ 47 *Years,* 7 *Months,* 26 *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Life time

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 East St

Cause of death, First, (Primary,) Valvular dis of Heart. Mitral &

Second, (Immediate,) Consumption of Abdominal Cortacam Rupture.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15th 1882

Undertaker, J. G. Fosby

Place of Business, 73 Jefferson St

Edward Rundell M. D.,
Medical Attendant.

Address, 57 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

Board of Health, City of Baltimore,

Permit No. 6 1438

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

Date of Death, Nov 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} not christened (Surname Penn)

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* Eight *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 1 Howe St.

Cause of Death First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Nov 15th 82

Undertaker, J. F. Tacks

Place of Business, 73 Jefferson

Thos Jenkins M. D.
Medical Attendant.

Address, 240 N. Broadway

This child was a [illegible] week from Head [illegible] 2 days

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule of Practice on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61739 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

Date of Death, Nov. 15/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} aug. / booker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* / *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 97 Thames st.

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St. A. Athanasius

Date of Burial, Nov 15th 82

R. W. Mansfield M. D., Medical Attendant.

Undertaker, G. Francis

Place of Business, Banks & Wolf *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

10 **Board of Health, City of Baltimore,**

Permit No. 61440

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 15 1882

Date of Death, Nov 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie V Stidham

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 16 *Years,* × *Months,* × *Days.*

Color, × White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 724 N Eutaw

Cause of Death First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Nov 16th 1882

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6144 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } W. N. Boyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Employee P. & L. C. R. R. Co

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, Abt 10 years

Place of Death, { Give street and Number. } No. 212 Arsenal St

Cause of Death, First, (Primary,) Brights Disease

Second, (Immediate,)

Duration of Last Sickness, 6 Month

All the above information should be furnished by the Physician.

Place of Burial, Harrisburg Pa.

Date of Burial, Nov 16/1882

Undertaker, Wm Beaver

Place of Business, 202 N Eutaw

Thomas Shearer M. D., Medical Attendant.

Address, No. 907 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61442 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida, M. A. Rittenbusch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* ~~Days~~,

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, //

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 228. S. Ann st

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, — 12 days —

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Nov 15th 82

Undertaker, J C Schulz

Place of Business, 265 Aliceanna

Thomas G. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Permit No. 9 61443

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1892 BALTIMORE

Date of Death, Nov 14/892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin F. Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Not Known Balto

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Tuberculosis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 16

Undertaker, C H Blizzard

Place of Business,

Thos. J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clinton A Cunningham

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ Single ~~Widower~~

Occupation, " "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 203 Presbury St.

Cause of Death First, (Primary,) Uraemia resulting from Measles

Second, (Immediate,) —

Duration of last Sickness, 4 days. — —

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, "Nov 15" 1882

W. A. B. Sellman M. D.
Medical Attendant.

Undertaker, Denny & Whitehead

Place of Business, 530 W Fayette St. *Address,* 249 Carroll Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61445 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1892 BALTIMORE

Date of Death, Nov 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Rizzo

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 47 Barnes

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthma

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Stalphonsus

Date of Burial, Nov 15 1892

Undertaker, H Hoeck & Son

Place of Business, 309 N Central Ave

Geo. H. Dixon M. D.,

~~Medical Attendant~~.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Edw Cragg L.S.

The Special Attention of Physicians is respectfully invited

18 Board of Health, City of Baltimore,

Permit No 61416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Howard.

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, — 84 — *Years,* [redacted] *Months,* — — *Days*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Elkton C Co Maryland

Duration of Residence in the City of Baltimore, Forty years.

Place of Death, {Give street and number.} No 5 Cross alley

Cause of Death, First (Primary,) [redacted] Intussusception.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15 1882

Undertaker, Wm Mounger

Place of Business, No 62 East St

W W Lacy M.D.
Medical Attendant.

Address, No 58 S Liberty St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61447 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Heinlein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* ..... *Months,* ..... *Days,* /

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 302 Lancaster

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Small Pox

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 16

Undertaker, J Koehler

Place of Business, ...

J. K. Vichy M. D.,

Medical Attendant.

Address, 158 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13

Permit No. 61448

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Schultz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, 3 yrs 11 mos

Place of Death, {Give street and number.} 82 E. Eutaw St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Exposed to it Nov. 9th Attended it 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cemetery

Date of Burial, Nov 16 1882

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry St.

L. L. Bitting M.D.,
Medical Attendant.

Address, 467 W. Lanvale St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6747H9 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 o'clock PM Tuesday November 14th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth H Norton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fredricksburg Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 191 Paterson Park Ave

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Melarial fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Nov 16 1882

Undertaker, H. Sander & Son

Place of Business, 202 Caton Av

J E Prichard M. D.,
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61458 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Pfiefer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 141 S. Eutaw St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, Nov. 16. 1882

Undertaker H. Saudenfan

Place of Business 200 252 Caton Ave

R. W. Mansfield M. D., Medical Attendant.

Address 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61451 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 14/92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Hughes

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and Number.} 114 S. Bethel St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16th 1892

Undertaker, J. Foley

Place of Business, 173 E. Jefferson

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore.

Permit No. 61452 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Agnes Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 4 Shulen St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16th 1882

Undertaker, J. Wesley Elliott

Place of Business, 53 Jefferson

Wm. G. Russell M. D.,
Medical Attendant.

Address, 238 W. Broadway

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61763 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 15th 1882

Full Name of Deeceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henery McCauley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 70 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Gardiner

Birthplaee, { State or country, and how long in the United States, if of foreign birth. } England -

Duration of Residence in the City of Baltimore, about 30 years -

Place of Death, { Give street and Number. } 180 Hollins St

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age —

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 17th 1882

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore Street

W K McClure M. D.,
Medical Attendant.

Address, 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61754 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 16 1882 BALTIMORE

Date of Death, Nov 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie L. L. Mutz

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} 63 E Monument

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial Rural Lawn

Date of Burial, Nov 16th 1882

Undertaker, E D Selby

Place of Business, Rural Lawn

S N Hunter M. D.,
Medical Attendant.

Address, 36 Govanstown

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[OVER.]

For Special Addition

Board of Health, City of Baltimore,

Permit No. 6145 — *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 1882 BALTIMORE

Date of Death, 14th Nov 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Wid

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor cor: John and Valley 425

Cause of Death, First, (Primary,)

Second, (Immediate,) Infirmity

Duration of Last Sickness, one Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 16th Nov 1882

Undertaker, Henry Shelltues

Place of Business,

Jno. Locke Ryle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61766 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie P Foley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal-nutrition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

Date of Burial, Nov 16

Undertaker, C M Bliford

Place of Business,

Thos S Latimer M. D.,
Medical Attendant.

Address, 164 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61757 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Rebecca Bell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, forty + *Years,* *Months,* *Days.*

Color, Colored.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, forty years & more.

Place of Death, {Give street and Number.} 144 Tyson Street

Cause of Death, First, (Primary,) Dropsy (Abdominal)

Second, (Immediate,) Apnoea

Duration of Last Sickness, About six or seven months.

All the above information should be furnished by the Physician.

Place of Burial, ~~Druid~~ Harport Cemetery

Date of Burial, Nov 16 1882

Undertaker, William Mowen

Place of Business No 62 East St

Robt. T. Wilson M. D., Medical Attendant.

Address, 146 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61488 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE NOV 16 1882

Date of Death, Nov 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Annie Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number.} 42 Park Ave

Cause of Death, First, (Primary,) Cancer of the Bowels

Second, (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial ~~Park~~ St Agnes

Date of Burial, Nov 18

Undertaker, Henry Borgman

Place of Business, 47 Clay St

A B Arnold M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61459 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 14. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Markle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 20 Sexton's Ct

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, November 16th 1882

Undertaker, J. Davis

Place of Business, 103 Lee Street

U. S. Booze M. D.,
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 61460

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE DEPARTMENT OF HEALTH
NOV 16 1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 15-th " 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juka Letugatta

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 67 President

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Nov 16 1882

Undertaker, Jas P Byrne

Place of Business, 63 Fawn St

G. L. Kummer M.D.,
Medical Attendant.

Address, 72 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 61461

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Hall.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 2 Mshaeley

Cause of Death, First, (Primary.) Not Known.

Second, (Immediate.) Convulsions.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, 16th of november

Undertaker, M. J. Jordan

Place of Business, 63 Park ave

J. C. Wilkins M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to last [illegible]

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Board of Health, City of Baltimore,

Permit No. 61462

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Parents~~ Mama Gev Thomas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} & Mary Thomas.

Age, ... *Years,* ... *Months,* 1 *Days.*

Color, Colo[illegible] *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 54 Sarah Ann [illegible]

Cause of Death, First (Primary,) ...

Second (Immediate,) Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16 1882

J. Uhlmann M. D.
Medical Attendant.

Undertaker, Wm. J. Gray.

Place of Business, 85 Mulberry st. *Address* 172 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C Ryan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1128 Gilham St

Cause of Death, {First (Primary,) Dysentery Chronic

Second (Immediate,) on wall

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonie Brae

Date of Burial, Nov 17th

{*Undertaker,* Geo Schilling

Place of Business,

C S Mathon *M. D.*

Medical Attendant.

Address No 138 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 61464 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Baker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 5 hrs *Days,*

Color, Ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 21 H New Booth

Cause of Death, First, (Primary,)

Second, (Immediate,) Mal formation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Charles St

Date of Burial, Nov 17

Undertaker, W. J. Fordow

Place of Business,

Geo. W. Dunsm M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse.

Board of Health, City of Baltimore,

Permit No. 61465 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cath. Hobbits

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 56 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 56 Rock.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 18th

Undertaker, W. Cadogan

Place of Business,

Geo. N. Benson M. D.,

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 61466

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah L Laumenig,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White,

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, School Teacher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 38 St- Peter's St.,

Cause of Death, First, (Primary.) Phthisis,

Second, (Immediate.) Phthisis,

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Nov 17/82

H. P. Morgan, M.D.,
Medical Attendant.

Undertaker,

Place of Business,

Address, 119 N. Monument St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th? Special Attention of Physicians is respectfully invited to this ...

Board of Health, City of Baltimore,

Permit No. 61267 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 1882 BALTIMORE

Date of Death, Nov 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. J. Leonard

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Bar Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } No 7 N Lowman St.

Cause of Death, First, (Primary,) Cancer Stomach & Liver Abscess

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Nov 17th 1882

Undertaker, Henry W. Mears

Place of Business, 145 N. Gay St *Address,* 188 E Calvert St

Oscar Slatter M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... is respectfully ...

Board of Health, City of Baltimore,

Permit No. 61768 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 1882 BALTIMORE

Date of Death, 16th November 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Nolan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, during lifetime.

Place of Death, {Give street and Number.} Lancaster Court 34.

Cause of Death, First, (Primary,) Variola.

Second, (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial Nov 18 82

Undertaker, G. Brandt

Place of Business, Bantz & Wolfe

William Henkel M. D., Medical Attendant.

Address, E. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Permit No. 19 61469

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th - 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Kenney Sr -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Grocer —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland -

Duration of Residence in the City of Baltimore, 50 years -

Place of Death, {Give street and number.} S. W. corner Hayette and Gilmor Sts -

Cause of Death, First, (Primary.) Peri-Nephric Abscess -

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 4 years —

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov. 17th 1882

R. H. Goldsmith - M.D.,
Medical Attendant.

Undertaker, Joseph. F Byrne

Place of Business, 59 W. Liberty St *Address,* Harlem av. Calhoun St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61270 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 1892 BALTIMORE

Date of Death, Nov 16 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rhodes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1/4 hour ~~Days~~,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 190 Franklin St

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Nov 17

Undertaker, W J Bayley

Place of Business,

Rhodes Cook M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15 Nov 1862.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lee Franklin Jones

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~X~~ *Years,* 11 *Months,* 15 *Days.*

Color W

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 16 Herring's Court.

Cause of Death, First, (Primary,) Bronchio Pneumonia

Second, (Immediate,) and Lung

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16th 1862

W. T. Leonard *M. D.*
Medical Attendant.

Undertaker, J. J. Locks

Place of Business, #13 Jefferson st *Address,* 314 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61212 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aliggie V Bell Benner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ditto —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 706 N. Lombard St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Meningitis

Duration of Last Sickness, About two Weeks —

All the above information should be furnished by the Physician.

Place of Burial Loudon Pk

Date of Burial, Nov 17

Undertaker, P Kummerly

Place of Business, ...

H. McClure M. D.,
Medical Attendant.

Address, 582 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 6 / 4 / 73 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M. Swann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Restaurant Keeper

Birthplace, { State how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } 3. N. Green St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Bonney Brea

Date of Burial, Nov 17 1882

Undertaker, Jas Byrne

Place of Business, Federal

Chas. F. Nicholson M. D., Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 01414 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hennes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 708 Canton Ave.

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov. 17th 1882

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave.

Dr. Gw. Fenhagen M. D.,
Medical Attendant.

Address, 128 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Returns Below.

Board of Health, City of Baltimore,

Permit No. 61276 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Capt. Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Nova Scotia

Duration of Residence in the City of Baltimore, Five yrs.

Place of Death, {Give street and Number.} 101 Fairmount Ave.

Cause of Death, First, (Primary,) Variola (confluent),

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Nov 1782

Date of Burial, Mt. Carmel

Undertaker, [illegible]

Place of Business, [illegible]

G. G. Luck M. D.,
Medical Attendant.

Address, Balt. & Grad. Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore, 19

Permit No. 6/2176 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Delany Worthington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk in B & O R R

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ann Arundel Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} Cor. Carey & East sts Webbers Saloon

Cause of Death, First, (Primary,)

Second, (Immediate,) Haemorhage Lungs. Pulmonary

Duration of Last Sickness, 3 Minutes

All the above Information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial. Nov 16 1882

Alexander Neuley M. D., Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 300 W Fayette *Address,* Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6747 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias S. Richards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eighty four *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Milford Del.

Duration of Residence in the City of Baltimore, six weeks

Place of Death, {Give street and number.} 17 South Broadway

Cause of death, First, (Primary,) Softening of brain

Second, (Immediate,) exhaustion

Duration of Last Sickness, six years.

All the above information should be furnished by the Physician.

Place of Burial, Wild Dan

Date of Burial, Nov 16th 1892

Undertaker, Denny & Mitchell

Place of Business, 652 Broadway

Walter Way *M. D.,*
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Notice ...

Board of Health, City of Baltimore,

Permit No. 61278 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Morrow

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} W. Virginia

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 70 Payson Street

Cause of death, First, (Primary,) Tubercular Ulceration of bowels

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, about 9 months

All the above information should be furnished by the Physician.

Place of Burial, Lowdon Pk

Date of Burial, Nov 17

Undertaker, F B Leach

Place of Business,

Jno. G. Hogsday M. D.,
Medical Attendant.

Address, Carroll, Balto. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

3

Board of Health, City of Baltimore,

Permit No. 61479

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisena. Fisher

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty 3 *Years,* — *Months,* — *Days.*

Color, Colored.

~~*Married,*~~ *Single,* *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, Nine years.

Place of Death, {Give street and number.} Smiths. Court. No 5

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exaustion

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Funnel Cemetery

Date of Burial, Nov 17 1882

Undertaker, William Lungo

Place of Business, No 62 East St

Geo M Bankman *M.D.,*

Medical Attendant.

Address, Edmondson Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61780 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hamburger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} N E Cor Gough & Dallas Streets

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Pulmonary Oedema

Duration of Last Sickness, Four (4) years & 1 year

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Nov 17th 1882

Undertaker, Wm Eilau

Place of Business, 101 Gough St

S. W. Adams M. D., Medical Attendant.

Address, 1 E Eager St Carolina Apts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61481 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov the 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Greindler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Essex County Va

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 13 Stockton Ally

Cause of Death, First, (Primary,)

Second, (Immediate,) old Age

Duration of Last Sickness, went to bett as usually and found deth in the morning

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet,

Date of Burial, Nov the 17

Undertaker, Mr Dunger

Place of Business,

Geo H. Dixon M. D.,
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6th, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Curtis Kidd Lewis

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 7 mos. *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 922 Saratoga St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 17th November

Wm. B. Rias, M. D.
Medical Attendant.

Undertaker, Matthews Tadpole

Place of Business, 227 Madison St. *Address,* 195 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61783 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vera Trumbo

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 27 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 186 S Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scalu

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Leadenhall Cem

Date of Burial, Nov 18th 1882

Theodore Cotta M. D., Medical Attendant.

Undertaker, John S Mackey

Place of Business, Nos 150 Camden *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61484 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clifford Fuller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 141 E Lexington St

Cause of Death, First, (Primary,) Varicella

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 Days

All the above Information should be furnished by the Physician.

Place of Burial, St. Mathews Cem

Date of Burial, Nov 17. 1892

Undertaker H. Sauder Jas M. D.,

Place of Business 253 Caton Ave Address, 24 Gorsuch Ave Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/7186 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Haigland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *~~Months~~,* ..... *~~Days~~,*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

~~Occupation~~, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Cor Ann & Aliceanna sts. E. B.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 17 1882 Thomas B. Evans M. D.,

Undertaker, H. Sander & Son Medical Attendant.

Place of Business, 252 Eastern Ave *Address,* 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials, to the Office wh[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61786 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William F. Patterson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Ship-joiner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 444 E. Fayette St.

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Nov. 18. 1882

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway.

James F. Wallace M. D.,
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Burials to the Office whence issued [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61487 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th. November 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna K. Kurtz

Sex, ~~*Male or,*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 7 *Months,* — *Days,*

Color, white

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Imichenhain, Prussia, Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and Number.} Lexington st. East 97.

Cause of Death, First, (Primary,) Hy. Hydrothorax and

Second, (Immediate,) Hy. dropsi cardium.

Duration of Last Sickness, 1½ years

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemty

Date of Burial, November 18. 82

Undertaker Philipp S. Dill

Place of Business, 183 Columbia Ave

William Henkel M. D., Medical Attendant.

Address, S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention [illegible] for Burials, [illegible] the Heads as Below, and to Elect [illegible]

Board of Health, City of Baltimore,

Permit No. 61788 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 15th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Anne Jennings

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 285 William St.

Cause of Death, First, (Primary,) Diphtheritic

Second, (Immediate,) Croup

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, Nov 17 1882

Undertaker, C. F. Krause

Place of Business,

Jno. F. Smith M. D.
Medical Attendant.

Address, 287 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respect[illegible] Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61487 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 17 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace England

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 7 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Girl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 11 mos

Place of Death, {Give street and Number.} 19 Kennington ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup (asphyxia)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Harford Co

Date of Burial, Nov 18

Undertaker, H C Wedefield

Place of Business,

D Sheel M. D.,
Medical Attendant.

Address, 1429 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

18 for Burials

No. 61490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 16. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Davis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, ct

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charles Co. Maryland

Duration of Residence in the City of Baltimore, 3 years 7 mos.

Place of Death, {Give street and number} 262 Hamburg St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, November 17

W. L. Saudrock M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 15 Conway St

Address, 227 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUBLEY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Re[illegible] to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61491 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Glosser

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 210 Binney St (Canton)

Cause of Death,
First, (Primary,) Bronchitis (Congestion)
Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov 16th 1882

Undertaker, Wm Nicolaus

Place of Business, 258 Aliceanna

A. V. Gosweiler M. D., Medical Attendant.

Address, 253 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is [illegible] Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61492

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Fri. 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sheridan Booth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four *Years,* Six *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 S. Charles St.

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.) ———

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov. 19

Undertaker, B. Mace

Place of Business, 82 West St.

Dr. A. Barclay M.D.,

Medical Attendant.

Address, 47 Camden St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Requested to the Instructions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61493 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Son of Henry & Julia Burtt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 46 Burgundy Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, Nov. 17/82

Undertaker, H. Rose

Place of Business,

Geo. H. Dixon M. D.,

~~Medical Attendant.~~

Address, Bon Air Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respe… on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61494 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa A Darby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 9 *Months,* 12 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B & C

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 C & O Canal near

Cause of Death, First, (Primary,) Diphtheria & Croup

Second, (Immediate,) Coma

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Nov 18th

Undertaker, Chas T Scriven

Place of Business, 271 N. Entaw St *Address,* 4 & 6 S. Broadway

J. L. Bierbaw M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Requested to this Certificate.

Board of Health, City of Baltimore, 14 19

Permit No. 6 12 195 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan D. Emory

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* 5 *Months,* 3 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna.

Duration of Residence in the City of Baltimore, 51 Years.

Place of Death, {Give street and number.} 1 S. Carey St

Caus of death, First, (Primary,) Paralysis

Second, (Immediate,) —

Duration of Last Sickness, Died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 18th 1882

Undertaker, S. M. Leonard Son

Place of Business, 782 W. Baltimore *Address,* 206 N. Carrollton Ave

John Neff *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61196 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 17 18 1882 BALTIMORE

Date of Death, Nov. 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Armster

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 16 Forest 81

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Consumption

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 17-1882

Undertaker, Wm. H. Madden

Place of Business, 46 East 82

J. G. Connolly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Att... Certificate. 1

2

Permit No. 61497

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Cuino

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 m *Months,* ..... *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 67 Pres[illegible] St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 18th 1882

Undertaker, James P. Byrne

Place of Business, No 63 N Front

Geo L Kenemon M.D.,
Medical Attendant.

Address, 13 E Fratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Atten... Certificate

Board of Health, City of Baltimore,

Permit No. 61498 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 17 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J Hunkel

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 57 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, { Give street and Number. } 88 S Bethel St

Cause of Death, { First, (Primary,) Paralysis / Second, (Immediate,) }

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial. Balto Cemetery

Date of Burial. 20 Nov.

Undertaker, Jm Lippel

Place of Business, S Bond

Jay M. D.,
Medical Attendant.

Address, 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attenti... ...s Certificate.

Board of Health, City of Baltimore,

Permit No. 61499 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH NOV 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan [illegible] Fallhouser

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 5 *Years,* 1 *Months,* 9 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 310 Hanover Sh

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 18, 1882 Thomas Cook *M. D.,*

Undertaker's Armistrong & Denny Medical Attendant.

Place of Business, 263 Light St *Address,* 146 Hanover Sh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Atten... ...Certificate.

Board of Health, City of Baltimore,

Permit No. 6135 00 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mc-ann

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 53 Fairmount Av.

Cause of Death, First, (Primary,) Scarlatina maligna

Second, (Immediate,) .....

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Nov 19th 1882

Undertaker, Armstrong Bros

Place of Business, 263 Light St *Address,* 3 N. B'way

P. G. Dandal M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6151 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roy. Dalbert
Dalbert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country; and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 74 Camden St

Cause of Death, First, (Primary,) Umbilical Hemorhage

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 18th

Undertaker, F. N. Woll

Place of Business, 131 Hanover St.

I C Bruch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/502 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 18 1882 BALTIMORE

Date of Death, Nov. 18th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna K. Kirchner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} East.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 241 Battery.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 16 days.

At the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, Novemb. 18

Undertaker, B. Hart

Place of Business, 62 West Pr. *Address,* cor Mulberry & Hyatt ats

Louis Hohn M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...s Permit } ...n all Cases, Accompany the ... to its Destination

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

61503

Board of Health, City of Baltimore,

Permit No. 61503 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 19 1892 BALTIMORE

Date of Death, Nov the 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stump

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... 3 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 14 Robert St

Cause of Death, First, (Primary,) Spassum and hat a very large lump on

Second, (Immediate,) his head

Duration of Last Sickness, 4th day

All the above information should be furnished by the Physician.

Place of Burial, holy Alphacius

Date of Burial, Nov the 1

Undertaker, Mr Hahn

Place of Business, on West St

Address, Wm H. Simon M. D., ~~Medical Attendant~~ on Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued. Saturd...

No 61502

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61502 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm McDonald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 176 Ramsay Alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Membranous Croup

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov. 19 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

Thomas Curtis M. D., Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6505

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6505 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernst Heinrich Ludwig Ulrich

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1705 Eutaw

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, German Unitas Cemetery.

Date of Burial, Novbr. 18th 1882

Undertaker, Wm. Nicolaus, *M. D.,* Medical Attendant

Place of Business, 258 Alice Ann, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for B... ... each week. No. 01516

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61506 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Huffnagle

Sex, ~~Male or Female~~ {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 30 S. Bond St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Cardiac Paralysis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery.

Date of Burial, 19 Nov. 1882

Undertaker, Wm. Nicolaus

Place of Business, 258 Aliceanna

L. M. Rusk M. D.,
Medical Attendant.

Address, Balt. & Gay Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

for Burial in the Cemeteries in City of Baltimore will make returns of all Permits

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 6

Permit No. 6507

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
NOV 18 1882
BALTIMORE

Date of Death, Nov. 17. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} John davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 3 S. Castle

Cause of Death, First, (Primary,) Variola (confluent)

Second, (Immediate,) Hemorrhage (intestinal)

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's (Cem.)

Date of Burial, Nov. 18[illegible]

Undertaker, Manuel Dysel

Place of Business, N. Bond St. 159

G. A. Leek M. D.,
Medical Attendant.

Address, 1 Balt. & Park Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...ries in City of Baltimore will make returns of all Permits ... each week

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

184

Board of Health, City of Baltimore,

Permit No. 61508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Roberson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* Nearly 11 *Months,* —— *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Paris al - ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 267 Raborg st -

Cause of Death, First (Primary,) Neglect and improper food -

Second (Immediate,) Exanition -

Duration of Last Sickness, Four months, -

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Nov 18 1882

Undertaker, William Mongo

Place of Business, No 62 East St

E. H. Holbrook M. D.

~~Medical Attendant.~~

Address 185 N. Carey st -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

for Burials, to [illegible] City of Baltimore will make returns of all Permits

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6159

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 18 1882

Date of Death, Nov 17th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lelia Pearl Pearsall

Sex, Male or Female, { Cross out the word not required in this line. } Fem

Age, 2 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1911 Dallas

Cause of Death, First, (Primary,) Varola

Second, (Immediate,) Asthenia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial Lowndes Cemetery

Date of Burial, Nov 18 1882

Undertaker, William Young

Place of Business, No 62 East Lee St

L. L. Button M. D.,
Medical Attendant.

Address, 1911 Dallas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Sextons of Cemeteries in City of Baltimore will make returns of all Permits for Burials [illegible] No. 0[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61510

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 18 1892 BALTIMORE

Date of Death, November 18th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Werth

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* ~~Months,~~ ~~Days,~~

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} S. E. Cor Ann & Aliceanna

Cause of Death, First, (Primary,)

Second, (Immediate,) Variola

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 18 " 1892

Undertaker, C. Landers & Son

Place of Business, 252 Aliceanna St

Thomas B. Evans M. D., Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...pers of Cemeteries in City of Baltimore will make ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 6137

Board of Health, City of Baltimore,

Permit No. 6135-11

Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH NOV 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17-82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Kahler

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 7 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 40 Bank St

Cause of Death, First, (Primary,) Malaria pernicious

Second, (Immediate,) Enhaustio

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Nov. 19 1882

Undertaker, Michael Lynch

Place of Business, 1035 Bank St *Address,* 1035 Bank St

F. Kathin M. D.,
Medical Attendant.
Baltimore 245

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...Physicians in City of Baltimore will make returns of all Permits No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6152 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary ~~Linder~~ Styler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } # 19 James alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Bright's Disease of the Kidney

Duration of Last Sickness, 7 or 8 months

All the above information should be furnished by the Physician.

Place of Burial London Park Cemetery

Date of Burial. Nov 19th

Undertaker, F. N. Troll

Place of Business, 131 Hanover St *Address,* 146 Hanover St

G. Lenard Codd M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

No. 61573

The Special Attention of Pr[illegible]eepers of Cemeteries in City of Baltimore will make retur[illegible]s on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Beran

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 250 Hamburg st

Cause of Death { First, (Primary,) Small Pox (confluent)
Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 18 1882

Undertaker, G H Chase

Place of Business, 93 Howard St

H H Mellvaine M. D
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

...burials, to the Office ... will make returns of all Permits

No. 01317

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61624 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 18 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Hink

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 44 S. Eutaw St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 18th 92 James F. McShane M. D.,

Undertaker, L. Franz Medical Attendant.

Place of Business, Evans & Wolf *Address,* 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...ician will make returns of all Permits

No. 6715

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6715 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Richardson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Captain of Water boat. Baltimore Harbor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co, Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 77 S Chester St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co. Md

Date of Burial, Nov 19, 1882

Undertaker, M. A. Dauger

Place of Business, 74 S. Bway.

D W Cathell M. D.,
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6156 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfonso Perkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* — *Months,* — *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Had none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Christiansen Kent Co Md

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and Number.} 24 Dover St

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel~~ Cemetery

Date of Burial, Nov 18th 1882

Undertaker, Geo. W. Perkins

Place of Business, 130 Hanover

J. R. Wilson M. D., Medical Attendant.

Address, 158 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...for Burials, to the O... No. 11...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61577 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francisca Gullrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty-seven years

Place of Death, {Give street and Number.} # 256 S. Caroline St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Nov 19 1882

Undertaker, John Hearn

Place of Business, 382 Orleans St

John H. Kehberger M. D., Medical Attendant.

Address, # 1434 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 16

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Magenhafer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* 1 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hamburg Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 287 South Paca St

Cause of Death, First (Primary,) Diabetes Mellitus & Malarial fever

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 20 th 1882

F Edward Kirby M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Gross Co

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 6139 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 187

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos J Griffith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* One *Months,* 2 9 *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} E. Walker

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 18

Undertaker, Samuel H Thos

Place of Business, 148 Howard St

Jno D Hard M. D.,
Medical Attendant.

Address, 168 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... Saturday of ea...

Board of Health, City of Baltimore,

Permit No. 61520 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17, 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gussie Spence

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* 6 *Months,* ... *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ...

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 3 Sellman Ct

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, November 18 1882

Undertaker, H Ross

Place of Business, 95 Conway St

W. S. Booze M. D., Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rema... Office whence issued, Saturday of each we... List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 6152 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hunt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 21 *Years,* 5 *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Salisbury Co. Md

Duration of Residence in the City of Baltimore, 18 months

Place of Death, { Give street and Number. } 404 Alice Ann St. near Bank

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 13th

Undertaker, W. Liphel

Place of Business, 151 S Bond

H. O. Gouveiler M. D.,
Medical Attendant.

Address, 253 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 6152 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1882 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 18. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter P. Ronay

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~ Male

Age, ~~Years,~~ 12 *Months,* ~~Days,~~

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, nil

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 174 N. High

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial. Nov 19 1882

D. Sheets M. D.,

Medical Attendant.

Undertaker, James P Byrne

Place of Business, Front St

Address, 1432 Eutaw Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 61523 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 19 1882 BALTIMOR

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs M. A. Burke

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ or Female

Age, 25 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Single~~, ~~Widow or Widower~~

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 74 York

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Nov 20 19 1882

Undertaker, C Krause

Place of Business,

Edwd. F. Mechlem M. D.,
Medical Attendant.

Address, 283 W Lomb

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Saturday of each week.

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 6152 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence Simmons

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 3 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, /

Place of Death, { Give street and Number. } 522 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Nov. 19 1882

Undertaker, J B Cook

Place of Business, 707 W Balto St

Ino J Blake M. D.,
Medical Attendant.

Address, 168 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 67525 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH NOV 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sal Donnan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 78 Portland

Cause of death, First, (Primary,) —

Second, (Immediate,) Scarlet fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W Ridgely

Date of Burial, Nov 19 82

Undertaker, Geo Lumbach

Place of Business, 389 W Pratt St

J H Cowen M. D.,
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61526

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 19 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 19th Nov. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hana Stern

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 336 S. Schmidt

Cause of Death { First, (Primary,) Diphtheria
, { Second, (Immediate,) Albuminuria

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, November 19

H. H. Nobel M. D.
Medical Attendant.

Undertaker, W. C. Eilau

Place of Business, 101 Gough St *Address,* 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention Keepers of [illegible] ill make returns of all Permits [illegible] of this [illegible] of each week

Board of Health, City of Baltimore,

Permit No. 61527

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
NOV 19 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith. E. Webster

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 11 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 484 Light St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 19 82

Undertaker, Amsing & Sons

Place of Business, No 263 Light St

H. B. Noble M.D.,
Medical Attendant.

Address, 57 Warren Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 61528

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
NOV 19 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia Webster

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 484 Light St

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) Convulsions

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 19 82

Undertaker, Smith & Demp

Place of Business, 126 Light St

H. B. Noble M.D.,
Medical Attendant.

Address, 52 Warren Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. _____

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 10 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 17 - 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lummie Dehn

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* ____

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } A. A. Co Md.

Duration of Residence in the City of Baltimore, about 3 yrs.

Place of Death, { Give street and number. } 43 Parkin St.

Cause of Death, { First (Primary,) Scarlet Fever / Second (Immediate,) Convulsions

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Herbert Harlan M. D.
Medical Attendant.

Date of Burial, Nov 19

Undertaker, J B Crook

Place of Business, 707 West Baltimore *Address* Balto Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 61530 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 19 1892 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18. 92

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo C. Mitchell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } male

Age, ——— *Years,* —— *Months,* 7 *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, { Give street and Number. } 130 Cross alley

Cause of Death,
First, (Primary,) cerebro Spinal meningitis
Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Nov 19th 1892

Undertaker, Sam'l M. Chase

Place of Business, 198 E. Hoffman St *Address,* 1611 N. Fayette St

Chas. W. Filler M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 61531

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 19 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Frances Evans

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 5 *Months,* 16 *Days.*

Color, Wht. *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life dear

Place of Death, {Give street and number.} 1 Booth st

Cause of Death, First (Primary,) Heart Disease. following rheumatism.
Second (Immediate,) Aortic stenosis. mitral insufficiency
Exhaustion.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 19 1882 Herbert Harlan M. D.
Medical Attendant.

Undertaker, S W Chase

Place of Business, 198 Howard st *Address* Balto. Co. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 61532 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Holden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 5 Peach alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shiloh St Cem

Date of Burial, Nov 19 1884

Undertaker, H. Ross.

Place of Business, Conway St

Geo. H. Brown M. D.,

~~Medical Attendant.~~

Address, Comm. of Health Office Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 61533 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 19 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 2 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 85 Clifford St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov 19th 1882

Undertaker, M. F. Jordan

Place of Business, 63 Eutaw Ave

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

No.

Board of Health, City of Baltimore,

Permit No. 61534 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED NOV 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J Murray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 10 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 57 Ruxton St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria 5 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Nov 19th 1882

Undertaker, Co. S. Cook

Place of Business, No 707 N Baltimore Street *Address,* 160 S Paca

Jno D Blake M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 61535 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. McCardell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 10 *Months,* ——— *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 15 Perry St

Cause of Death, First, (Primary,) a fall injuring Spinal Column

Second, (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va

Date of Burial. Nov 20 '1882

Geo. R. Dawson M. D.,

~~Medical Attendant.~~

Undertaker, C. F. Krause

Place of Business, Hanover *Address,* Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2839 transit

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 61536 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Siebitzky

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 75 Cambridge St.

Cause of Death, First, (Primary,) Infantile convulsions

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem

Date of Burial, Nov 19 82

Undertaker, C. Hearne

Place of Business, Davis & Hearne *Address,* 117 S Broadway

R W Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 61537 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Nov. 18th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew Kirkpatrick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Collateral Hypostasis

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem.

Date of Burial, Nov 19th 1882

Undertaker, M. Coleman

Place of Business, Canton *Address,*

E. Lawrence M. D., Medical Attendant. City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

No. ...

Board of Health, City of Baltimore,

Permit No. 61538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED NOV 19 1882 BALTIMORE, MD.

Date of Death, 19th November 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine H. McGowan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 29 *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 52 S. Arlington Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 22 1882

Undertaker, S. W. Leonard

Place of Business, 782 W. Balt

H. T. Benson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 61539 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Brady

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 3 Moyer St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Nov 19th 1882

Undertaker, Mrs Brady

Place of Business, Canton

..... M. D.,

~~Medical Attendant.~~

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Inspector

Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61540 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. L. Hurley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Steam boater

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 470 E. Chase St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Small Pox

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Samuel

Date of Burial, Nov 19

Undertaker, Lowy Bro

Place of Business, —

Geo. W. Dawson M. D.,

Medical ~~Attendant~~.

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Bond

Inspector

Permit No. 61641

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 15 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Anderson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 20 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Tailoress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and Number. } No 2 E. of Washington Sta & Eastern Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, Nov 20 1882

Undertaker, G. Frank

Place of Business, Bank & Wolfe *Address,* [illegible] *Medical Attendant.* M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ddress below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61542 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20th, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Lynch

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 408 Pleasant St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial. Nov 20 82

Undertaker, G. France

Place of Business, 1 Paca & Water

Geo. W. Colby M. D.,
Medical Attendant.

Address, 3 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 1 8 4 3 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Noelke

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } # 178 S. Spring St.

Cause of Death, First, (Primary,) Entero Colitis

Second, (Immediate,) .....

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov. 20th 82

Undertaker, G. Franck

Place of Business, Bank & Wolfe

John H. Kehlinger M. D., Medical Attendant.

Address, # 2143 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Burial and to also of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61544 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Susan M Foote~~ Theresia M. Pfisterer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Own Woman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 40 Eutaw St

Cause of death, First, (Primary,) Cerebral Embolism

Second, (Immediate,) Heart disease

Duration of Last Sickness, Complains for Yrs Not dead Suddenly this am

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Nov 21

Undertaker, Martin Fahey

Place of Business, No 128 Lorraine Address 1810 Eutaw

W. H. Crane M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty ... Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as ... same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ... date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ctfully invited to the relatives below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/5446 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James K Durall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 6 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 1 Robinson St

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) " "

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 21 Nov 1882

Undertaker, John C. Shute

Place of Business, 26 Aliceanna St *Address,*

J. H. Martin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Bertram

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ~~—~~ Infant child

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 1 Yrs 8 days

Place of Death, { Give street and number. } 541 Pratt B. Balto

Cause of Death, First (Primary,) Cyst Brain

Second (Immediate,) Paralysis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel home.

Date of Burial, 20th Nov.

Undertaker, Johan JC Reis

Place of Business, 858. W. Pratt St.

H. L. Fenton M. D.

Medical Attendant.

Address 34 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61347 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE NOV 20 1882

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Dillman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 1 *Days,* 14

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 181 S. Durham St.

Cause of Death, First, (Primary,) Internal Convulsions

Second, (Immediate,)

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetary

Date of Burial, November 21st 1882

John H Kellogan M. D., Medical Attendant.

Undertaker, Leonhard Wurz

Place of Business, #275 S. Bond St. *Address,* 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61588 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Jane Mahaffy

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 63 yrs 5 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation, Ladies Nurse

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Her entire life

Place of Death, { Give street and Number. } 62 Etting St

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate,) Enteritis

Duration of Last Sickness, Two week at least

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Nov 20th 1882

Undertaker, J. R. Baugh & Co

Place of Business, 320 Penna Ave

Dr. Hammond & Lee M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

3 to

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH NOV 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Wahl

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden. Germany

Duration of Residence in the City of Baltimore, 43 yrs

Place of Death, {Give street and number.} No 9. Fairmount Ave. Baltimore

Cause of Death, First (Primary,) Cerebral Disease. Congestion of Brain

Second (Immediate,) & Stupor

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. Wm. H. McKee, M. D.

Date of Burial, Nov. 20. 1882 Medical Attendant

Undertaker, A. Sander Son *Address* 141 St Paul St.

Place of Business, 252 Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20

Permit No. 61558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Clay Burger

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ Years, 9 Months, 10 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 19 Clinton Ave

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) ____

Duration of last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem. | W. B. Rider, M. D. Medical Attendant.

Date of Burial, Nov 21

Undertaker, Walter Emmert | Address, 195 N. Bremont St.

Place of Business, 315 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Hunter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, No

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Monaghen Co, Ireland.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 342 Eutaw Street

Cause of Death, First (Primary,) Exposure

Second (Immediate,) Pleuro Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 21st 1882

J. J. Mackenzie M. D.
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address* 67 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...Certificate.

Board of Health, City of Baltimore,

Permit No. 61552 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 18. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Heath

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 101 Warner St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Sharp st cemetery

Date of Burial Nov 20 1892

Undertaker, E. Ross

Place of Business 1090 E Baltimore

E. S. Booze M. D., Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61663 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Hall Cooley

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 17 *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 68 Mechanic St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 68 W Mechanic St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 9½ Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov 20/82

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

Alexander Tinsley M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

4

Permit No. 61554

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Featherbury

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Waterman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Somerset Co, Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 14 S. Caroline St

Cause of Death, First, (Primary.) Malarial

Second, (Immediate.) Coma

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 21 1882

Undertaker, Thos S Hughes

Place of Business, 140 E Balto

[illegible] M.D.,

Medical Attendant.

Address, 87 Augusta St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61555 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathias. Dohan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 274 N Bond

Cause of Death, First, (Primary,) Chills

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius

Date of Burial, Nov 20

Undertaker, W Dupee

Place of Business,

Geo. N. Dixon M. D.,

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Henry McP Reese

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/3-56 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov the 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Jomecick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 121 N Washington

Cause of Death, First, (Primary,) Trash and the Blood out of order

Second, (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius

Date of Burial, Nov the 20th

Undertaker, John Herwig

Place of Business, 382 Orleans St

Geo. H. Dorsey M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 6155

Board of Health, City of Balt[illegible]

Office of Registrar of Vital Sta[illegible], Ward 19

The Physician who attended any person in a last illness, is responsible for the prese[illegible]s Certificate, *accurately filled out*, to the Undertaker or other person su[illegible]intending the burial, within *twenty-four hours a*[illegible]th of said deceased, or sooner, if requested so to do, under penalty of [illegible]

No Permit for Burial can be Obtained without a Prope[illegible]rtificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 20 1882 BALTIMORE

Date of Death, Nov 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisha Harrington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 89 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Salem Mass

Duration of Residence in the City of Baltimore, About 40 yrs

Place of Death, {Give street and Number.} 262 N Gilmor St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem[illegible]

Date of Burial, Nov 22nd 1882

Undertaker, Andrews & Hodges

Place of Business 1416 Druid Hill Ave

Elias C. Price M. D.,
Medical Attendant.

Address, 262 Mad[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61558 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Goodridge (Gosage)

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, ~~Years,~~ 8 *Months,* 2 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 291 Hanover st

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Nov. 20. 1882 Thomas B. Evans M. D.,

Medical Attendant.

Undertaker, C. Sanderson

Place of Business, 252 Caroline St *Address,* 22 Lee Roy Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2

Permit No. 61669

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 20 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A Passayne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 38 Eastern Avenue

Cause of Death, First, (Primary.) Pulmonary Oedema

Second, (Immediate.)

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 21 1882

Undertaker, James P Byrne

Place of Business, No 63 N Front St

D W Cathell M.D.,

Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/3-60 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov the 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Isabella Hershaw

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* one *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 72 Stockholm St near Scott St

Cause of Death, First, (Primary,) the Chills Second, (Immediate,) and Congestion of the Lungs

Has allways very cold & thin arm very sattin

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemtry

Date of Burial, Nov the 20

Undertaker, Mr Rouse

Place of Business, Conway St

Geo. N. Benson M. D.,
~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED NOV 20 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 19 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Mc Cormick

Sex, Male or Female, { cross out the word not required in this line. }

Age, 49 *Years,* 9 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 214 Light Street

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, 20th Inst

H. H. Webster M. D.
Medical Attendant.

Undertaker, C. P. Krauss

Place of Business, 209 Hanover *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 61562

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 20 2 1892 BALTIMORE

Date of Death, Nov 20th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Mittendorf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* 3 mos *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cane Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 101 Baltimore Ave

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 22 1892

J. F. Nichols *M. D.*
Medical Attendant.

Undertaker, B. Harley

Place of Business, 82 West St *Address* 1794 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 61563 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 20 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 20. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary G. Bell,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 7 *Days,*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 35 S. Chester St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Nov. 21. 1882

Date of Burial, Holy Sepulchre

Undertaker, H. A. Dayer

Place of Business, 74 S. Bury

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt. & Wash Pike

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61364 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 20 2 1882 BALTIMORE

Date of Death, Nov 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Lee Noel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} 2 4

Age, *Years,* 3 *Months.* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Clements Al- Balto

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Gordonsville Va

Date of Burial, Nov. 21. 1882

Undertaker, M. A. Dwyer

Place of Business. 74 S. Broadway

E W Lamey M. D.,
Medical Attendant.

Address, 260 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to, furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Blanks on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 61565

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT NOV 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emile Joseph DuBois

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 78 *Years,* 8 *Months,* 27 *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Barber.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Port Prince, St Domingo W. I.

Duration of Residence in the City of Baltimore, 75 Years

Place of Death, {Give street and number.} 183 Mulberry St

Cause of Death, First, (Primary.)

Second, (Immediate.) Hydrites Chronic

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 21st 1882

Undertaker, Wm Thos Gray

Place of Business, 68 Mulberry

H. J. Powell M.D.,
Medical Attendant.

Address, 227 Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61566 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 21 1882

Date of Death, 20th. November 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Brand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} S. Chapel St. 194.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Angina maligna

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, M. Council Cem

Date of Burial, Nov 21 82

Undertaker, H. Sander & Son

Place of Business, 252 Gordon St

William Hendel M. D.,
Medical Attendant.

Address, S. Wolfe St 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 61567 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV. 21, 1882

CERTIFICATE OF DEATH.

Date of Death, Nov 20 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Price

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md.

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give street and Number.} 71 N. Carey

Cause of Death, First, (Primary,) Morbus Brightii

Second, (Immediate,) " "

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Stillwood MA

Date of Burial. Nov 21

Undertaker, Martin Libby

Place of Business, 128 Fremont

Thomas O'Brien M. D.
Medical Attendant.

Address, 39 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 6/568 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH NOV 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. H. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* two *Months,* one *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 49½ N Dallas

Duration of Residence in the City of Baltimore, 2 mo. & one day

Place of Death, {Give street and Number.} 49½ N Dallas St

Cause of Death, First, (Primary,) (Variolas

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus Cemetery

Date of Burial, Nov 21st 1882

Undertaker, McClernon & Foster

Place of Business, 166 E Balto St

J. E. Gosnell M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6356 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 21 1882

Date of Death, Nov. 20, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter E. Beckmyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 10 *Months,* 19 *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 3 Milliman St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 21. 1882

Undertaker, Wm Hickman

Place of Business, 234 N. Gay St

W W White, M. D.,
Medical Attendant.

Address, 467 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61570 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Eley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 18 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 172 So Howard St

Cause of Death,
First, (Primary,) Cold —
Second, (Immediate,) Congestion of the Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauel

Date of Burial, Nov 21 82

Undertaker, Dan'l H Grave

Place of Business, 172 S. Howard St

D. A. Bell M. D.,
~~Medical Attendant.~~
Coroner — So Balt

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Duplicate Blank of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61571 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Seitz

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 44 S. Wolfe

Cause of Death, First, (Primary,) ~~Fracture~~ Fissure of base of Skull

Second, (Immediate,) on consequence of a fall in hold of a ship, followed by hemorrhage & collapse

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov. 22 1882

J. Fletcher M. D.,
Medical Attendant.

Undertaker, G. Frank

Place of Business, Bond & Wolfe *Address,* 245 S. Monroe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61572 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 21 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Boyle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 Months

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 108 S Howard St

Cause of Death, First, (Primary,) Asthenia

Second, (Immediate,) "

Duration of Last Sickness, 4 Hours

All the above information should be furnished by the Physician.

Place of Burial, W P Cem

Date of Burial, 11/22/92

Undertaker, L A Kerchner

Place of Business,

Geo. W. Emerson M. D.,

~~Medical Attendant.~~

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...ysician is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61573 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Arold

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 37 *Years,* ... *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and Number.} 253 Lombard

Cause of Death, First, (Primary,) Softening brain

Second, (Immediate,)

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Nov 21 th 1882

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Av *Address,*

..... *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61374 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 20 - 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann De Vries

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 1 *Months,* 2 *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md No 29 Pine St

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and Number.} No 29 Pine St

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,)

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 23d 1882

Undertaker, Hoy & Means

Place of Business, 45 N. Gay St

Wm R Howe M. D.,
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

13

Permit No. 61575

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel J. E Childs

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 43 *Years,* 1 *Months,* 19 *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~Stockkeeper~~ Tradesman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimo md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 69 Parkin'st,

Cause of Death, First, (Primary.) Hemorrhoids & Prolapsus ani

Second, (Immediate.) Hemorrhage from bowels & Exhaustion

Duration of Last Sickness, 3 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Nov. 21 1882

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* 201 Hanover St

W. M. Judge M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1882

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Franklin Ewald

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* 9 *Months,* 28 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No 371 Eutaw Place

Cause of Death, {First (Primary,) Angina Pectoris,

Second (Immediate,) 48 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Wednesday 22d Nov

Undertaker, Henry W Jenkins Son

Place of Business, 152 N Charles.

Edward M. Price M.D.
Medical Attendant.

Address 199 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61577 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Swabenhauer (Schwabhauser)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 2 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Shoemaker~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and Number.} 20 Granby St

Cause of Death, First, (Primary,)

Second, (Immediate,) Malarial Fever & General Debility

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 21 of Nov. 1882

Undertaker, Henry Hofmann

Place of Business, 63 N. Eden St.

A Kapp Stenker M. D.,
Medical Attendant.

Address, 11 S Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61578 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 21 1892 BALTIMORE

Date of Death, Nov 19

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Munder

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baeto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 111 Cambridge st

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Unknown

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Nov 22

Undertaker, Lutz

Place of Business, ...

Geo. H. Lemm M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61579 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE NOV 21 1882

Date of Death, Nov. 21. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Kane

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 18 N. Durham St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 22 1882

Undertaker, John Lake

Place of Business, 166 Balto St

J. J. Lusk M. D.,
Medical Attendant.

Address, 137 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 61580 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Ford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* *Days,*

Color, Ed

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 19 Whatcoat St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 25 Whatcoat.

Cause of Death, First, (Primary,) Tranetism

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 21 82

Undertaker, A Hemsley

Place of Business 46 Exchange St

Geo. H. Norris M. D.,
Medical Attendant.

Address, 5 W. Cor Preston & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61551 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bunta

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and Number.} # 292 S Bond St.

Cause of Death, First, (Primary,) Trismus Nascentium.

Second, (Immediate.)

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, 22 Mon

Undertaker, Wendell Dysard

Place of Business, 157 S Bond

John H. Kehlenbeck M. D., Medical Attendant.

Address, 2483 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 61582

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. 16...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Roth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 2½ 56 Ritchie

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Comb

Date of Burial, 22 November 1882, John G. Thomas M.D.,

Medical Attendant.

Undertaker, W. J. Lehner

Place of Business, 65 S Eutaw St. *Address,* 205 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Black Stanley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, B *Sex,* F

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} S.E. Cor Eutaw & Biddle st

Cause of Death, First (Primary,) Injury from a fall

Second (Immediate,) Meningitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 21 1882

Undertaker, Theo J Loeb

Place of Business, 702 Jefferson

William Lee M. D.
Medical Attendant.

Address 339 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 61584 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV. 22, 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Stubbles

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 149 N Eden

Cause of Death, First, (Primary.) Croup

Second, (Immediate,)

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial St. Matthew Cemetery.

Date of Burial, Nov. the 22 nd.

Undertaker, Fred Gaede.

Place of Business, 29 S. Caroline St *Address,*

A B Arnold M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61585 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Cooper Jones

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } Male

Age, 3 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line } ~~Single~~

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 212 Eastern Avenue

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmell Cemetery

Date of Burial, Nov 22 1882

Undertaker, James McCann

Place of Business, 13 Bloxman

N. L. Dashiell, Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

— One Visit —

Board of Health, City of Baltimore,

Permit No. 61566 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice Kernfrod,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 314 Saratoga St.

Cause of death, First, (Primary,) Diphtheria,

Second, (Immediate,) Exhaustion,

Duration of Last Sickness, Ten Days,

All the above information should be furnished by the Physician.

Place of Burial, Ohel Schalom

Date of Burial, Nov 23d 1882

Undertaker, Andrews & Hedges

Place of Business, No 406 Druid Hill Ave

John L. L. Hoge M. D.,
" " " " Medical Attendant.

Address, 273 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61587 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OF THE CITY OF BALTIMORE NOV. 22 1882

CERTIFICATE OF DEATH.

Date of Death, November 20 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} child of Morgan & Ella Henson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 hours. ~~*Days.*~~

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 2. Mason alley.

Cause of death, First, (Primary,)

Second, (Immediate,) Lacerations.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 22nd 1882

{~~*Undertaker,*~~ Parents

Place of Business, Morgan Henson

O E Jarmon, *M. D.,*
Medical Attendant.

Address, 242 W. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6588 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. G. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carleton Co. Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 461 E. Biddle St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov. 23 d 1882

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

C. D. Taylor M. D., Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 Nov 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Halwig

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5. *Years,* 8. *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Louis Mo.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 35 1 N. Fayette St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) obstruction of Trachea belong to Cancula after Tracheotomy

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Nov 22 1882

Dr to the Wm Tyler V. D.
Medical Attendant.

Undertaker, D Ennis & Mitchell

Place of Business, 539 W Fayette Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 615-90 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 22 1892 BALTIMORE

Date of Death, Nov. 21 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wyatt Dale

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give street and Number.} 19 Cambridge St

Cause of Death, First, (Primary,) Cerebral

Second, (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Nov. 22. 1892

Undertaker, L. Sander Son

Place of Business, 252 Canton Ave. *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

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Board of Health, City of Baltimore,

Permit No. 6159

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV. 22, 1882. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 21th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith McCahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Nr 72 S. Poppleton St. Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Nr 72 S. Poppleton St

Cause of Death, First, (Primary.)

Second, (Immediate.) Marasmus

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, November 23rd

Penbroke M. Gruber M.D.,
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,* Nr 24 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV. 22. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Johnson

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 2 *Years,* 2 *Months,* ~~—~~ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 26 Rabbog St

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bapt Rest

Date of Burial, Nov 23rd 82

Undertaker, Emmett H Chase

Place of Business, [illegible]

D. J. Reinhart M. D.
Medical Attendant.

Address, 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61593 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV. 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel A Ewell

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, W

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. 74 Appleton "

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 23

Undertaker, A Cook

Place of Business, 707 W. Balto

J H Patterson M. D.,
Medical Attendant.

Address, 23 Franklin "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No. 61594

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV. 22. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. M. Daley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 10 *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, Years

Place of Death, {Give street and number.} 41 E. Fayette Street

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 22nd 1882

Undertaker, Jas P Byrne

Place of Business, 63 Hanover St

Richard McSherry M.D.,
Medical Attendant.

Address, 189 W Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61595 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James P. Donnelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 167 or Front St

Cause of Death, First. (Primary,) Hypertrophy of the heart & Cirrhosis of the Liver.
Second, (Immediate,) ~~Cirrhosis~~ General Dropsy

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial St Patricks Cem

Date of Burial, Nov 23rd 1882

Undertaker, Jas P Byrne

Place of Business, 63 Front St *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to ...

Board of Health, City of Baltimore,

Permit No. 61596 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie E. Chisholm

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 88 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Household Duties

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, { Give street and Number. } 80 S. High St

Cause of Death, First, (Primary,)

Second, (Immediate,) Senilis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 23 1882 Augt Thrasher M. D.,

Undertaker, Peter Hennig Medical Attendant.

Place of Business, 382 Ontario St *Address,* 11 S 14th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6137 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH NOV. 22, 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eva Dunlavey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mathews Co Va

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 103 Hanover St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 23d 1882

Undertaker, John L Marcus

Place of Business, No 150 Canden

J A Emmet, *M. D.,* Medical Attendant.

Address, 76 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 61598

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BOARD OF HEALTH NOV 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Collin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* / *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 218 E Monument St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 218 E Monument St

Cause of Death, First, (Primary.) Cyanosis

Second, (Immediate.) Life

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bares

Date of Burial, Nov 23

Undertaker, J J Hughes

Place of Business,

C Clarke Cutler M.D.,
Medical Attendant.

Address, 15 E Saratoga St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61579 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV. 22. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Reinhardt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and Number.} 146 Clinton St

Cause of Death, First, (Primary,)

Second, (Immediate,) Delirium Tremens

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Nov 23d

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilmor St *Address,* 36 Greenmt Ave

Silas N Hamilton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61607 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 22 1882

Date of Death, Nov 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Long

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~

Occupation, ~~None~~

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal- nutrition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 mo's

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 22nd

Undertaker, C H Blizzard

Place of Business, 198 Penna ave

Tho S Latimer M. D.,
Medical Attendant.

Address, 187 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61601 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPT. NOV 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Powell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 Watson St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Heart disease

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 23-

Undertaker, J. F. Byrne

Place of Business, N Front St

H. Conway M. D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61602 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 8 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 Eutaw between Lexington and

Cause of Death, First, (Primary,) Congestion

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Patrick's Cem, Hollins between

Date of Burial, Nov. 22. 1882

Undertaker, M. A. Davis

Place of Business, 74 S. Bury

D. Atlee M. D.,

Medical Attendant.

Address, 32 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in this said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 61603

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV. 22, 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22nd Nov.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Steinberg

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 2 *Years,* 4 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 54 Church st

Cause of Death, First, (Primary.) Diptheria. (patient was perfectly well & had die

Second, (Immediate,) of Exhaustion subsequent upon the D.

Duration of last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov. 23d 1882

W. G. Sandrock M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Shafer & Grass

Address, 224 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6764 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22 '82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Mather

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 15 Penna Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Meningitis - Basilar -

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Nov 24 23

Undertaker, Andrew Bohde

Place of Business, Penna Ave

J. G. Keller M. D.,

Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61605 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT NOV 22? 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Golden Lucretia Taylor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* 14 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 232. N Wolfe St -

Cause of Death, First, (Primary,) Consestion of Lungs -

Second, (Immediate,)

Duration of Last Sickness, 4 Days -

All the above information should be furnished by the Physician.

Place of Burial St Patricks Ch

Date of Burial Nov 22. 1882

Undertaker, Wm H Huckman

Place of Business 234 N. Gay St

Wm L Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9

Board of Health, City of Baltimore,

Permit No: 61606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William W Maylond

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} 28 N Kine St

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} King St

Cause of Death, First, (Primary,) Supposed Scarlet Fever 4 days

Second, (Immediate,) Closure of throat from swollen

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Calhudral

Date of Burial, Nov 22nd 1882 Dr. E. Clagett M. D.

Medical Attendant.

Undertaker, Wm J. Tyckner

Place of Business, 65 S Eutaw St

Address, 76 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61607 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Townsend

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 308 Dolphin

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial Nov 23

Undertaker, [illegible]

Place of Business, [illegible]

Dan'l Ellis M. D., Medical Attendant.

Address, 308 Dolphin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office whence issued, Saturday of each week.

Board of Health, City of Baltimore,

Permit No. 67608

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 22 1892

Date of Death, Nov 22 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Chamberlain

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6e *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} E.S. of Maryland

Duration of Residence in the City of Baltimore, Some Weeks

Place of Death, {Give street and number.} 265 N Howard

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cecil County - Md

Date of Burial, Nov 23 - - -

Undertaker, Chas. J. Scriven

Place of Business, 271 N Eutaw

Richard Mc Sherry M.D.,
Medical Attendant.

Address, 189 N Howard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Howard 2541

16

Board of Health, City of Baltimore.

Permit No. 61609

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William White

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, About 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Troy, N. York,

Duration of Residence in the City of Baltimore, 4 days –

Place of Death, {Give street and number.} Camden Station, B & O R R,

Cause of Death, First, (Primary.) Internal injuries from being Accidentally Struck by Engine No 268 - B & O R R,
Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 23d 1882

Undertaker, John Meacher

Place of Business, No 150 Canton

L. A. Bell M.D.,
~~Medical Attendant.~~
Coroner 2d Dist

Address, 161 E Lanvale St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61610 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 23 1882 BALTIMORE

Date of Death, November 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Beaver

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 7 *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 131 South High St

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Nov 24th 1882

Date of Burial, Green Mount Cem

Undertaker, Jno A McCoy & Co

Place of Business, 422 W Fayette St

Gr H Stiffendeffer M. D., Medical Attendant.

Address, High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6161 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Conley

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 5 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, about 2½ years

Place of Death, { Give street and Number. } No 33 Granby St.

Cause of Death, First, (Primary,) Burns

Second, (Immediate,) Burns, or deprossion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Nov 23rd

Undertaker, Chas. A. White

Place of Business, 35 Granby st

Wm H Norris M. D.
Medical Attendant.

Address, 154 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61614 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21 / 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Welch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 mos *Years,* 2 mo 1st *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 631 W. Pratt st

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 24/82

Undertaker, Armstrong & Conn

Place of Business, 263 Light

H. F. Dietrich M. D.,
Medical Attendant.

Address, 324 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61613 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Leorum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 164 S. Spring st

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

At the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Nov 24 1882

Undertaker, M Funk

Place of Business, 35 Bank L

Chas J. McEnnis M. D.,

~~Medical Attendant~~

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Henry M McKewen

Board of Health, City of Baltimore,

Permit No. 61614 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Megunnigle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~Cutters~~ Sampler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 333 Pratt St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small pox

Since it had the disease I never saw this Child from all the facts given by Father I pronounce this Certificate

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetry

Date of Burial, 23th Nov

Undertaker, B. Harle

Place of Business, 13 Crepsie

Signature of Medical Attendant. Wm Corbett M. D.,

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6163 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary Ann Logan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Boots. City.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and Number. } 161 E. Eager st

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, Nov 23d 1882

Jno. Brooke Bayly M. D.,
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, Fichtner *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61616 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov the 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Thomas Graham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 402½ Canton av

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Nov 23d

Undertaker, Mr Santers

Place of Business, Canton av

Geo. W. Dixon M. D.,

~~Medical Attendant.~~ Bd of Health

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61617 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22d 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Schepphacke.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5-8 *Years,* 11 *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and Number.} 166 William St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 24

Undertaker, B. Hawke

Place of Business, 82 West St.

R. J. H. Tall M. D.,
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Att... ...ysicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back...

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6161 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Dorsey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* ..... *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 43 Oxford St

Cause of Death First, (Primary,) Bronchitis

Second, (Immediate,) Pneumonia

Duration of last Sickness, 9 weeks with Bronchitis Pneumonia 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 24th 1882

Undertaker, Wm H Dieshofer

Place of Business, 97 N Fulton Ave

F. P. Kilby M. D.
Medical Attendant.

Address, 85 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 01619 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Williams

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 83 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 220 McCulloh St

Cause of Death, First, (Primary,) Most probably Cancer Uteri but would not permit examination

Second, (Immediate,)

Duration of Last Sickness, Has been an invalid for years, but I saw her about four times

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 24" 1882

H. M. Hitch M. D.,

Undertaker, D Enny & Mitchell Medical Attendant

Place of Business, 550 W Fayette *Address,* 257 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61620 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22d 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* 3 ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 333. Saratoga St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) "

Duration of Last Sickness, about 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's cem

Date of Burial, Nov 23

Undertaker, C.W. Blizzard

Place of Business, 178 Penna ave

A. C. Fox M. D.,
Medical Attendant.

Address, 506. W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the use and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 61621

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Babe Jr

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 31 *Years,* — *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} married

Occupation, merchant

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 9 Fairmount ave

Cause of Death, First, (Primary,) —

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, November 25 '82

Jas C Benzing M. D.
Medical Attendant.

Undertaker, H. Sander Son

Place of Business, 202 Centre St *Address,* Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTING AND STATIONERY.

Board of Health, City of Baltimore,

Permit No. 61622 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Schrader

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Two *Years,* Six *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not requred in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} London

Duration of Residence in the City of Baltimore, about 2 years.

Place of Death, {Give street and Number.} 654 Pennsylvania Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 24

Undertaker, Walter Inzer

Place of Business, 345 W. Pratt

A. C. Pole M. D., Medical Attendant.

Address, No 1 North Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61623 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johnny Fuller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* — *Days,*

Color, col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } # 3 Peach Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms Pot...

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial. Nov 22/82

Undertaker, F. A. Kerchner

Place of Business, 55 S. Carrollton Ave

Geo. E. Brown M. D.,
~~Medical Attendant.~~

Address, Corner Pratt

NOV 23 1882 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Geo. E. Brown
Physician

Board of Health, City of Baltimore,

Permit No. 61624 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 23 3 1882 BALTIMORE

Date of Death, November 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F. Edwards

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* ..... *Months,* ..... *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 5 S. Bethel n

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 23 1882

Undertaker, Theodore Lochs

Place of Business, 73 Jefferson Pl *Address,* 238 n Broadway

Wm L Russell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2 **Board of Health, City of Baltimore,**

Permit No. 616 25

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23 Nov 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore G. Abt

~~Son,~~ *Male* ~~or Female,~~ {cross out the word not required in this line.}

Age, One *Years,* —— *Months,* —— *Days.*

Color, White

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number} 198 Eastern Avenue

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 24 82

Undertaker, G. Franz

Place of Business, Franz & W

S. N. Martin M. D.
Medical Attendant.

Address, 133 E Pratt St

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. KULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

2

Board of Health, City of Baltimore,

Permit No. 6626

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Mann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eisenheim Barasia

Duration of Residence in the City of Baltimore, 3 years & five Months

Place of Death, {Give street and number.} S. W. cor of Ann St & Eastern Avenue

Cause of Death, First (Primary,) Small Grac

Second (Immediate,)

Duration of Last Sickness, 8 or 10 day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov. 24th 82

Undertaker, G. Franc

Place of Business, Bonts & Wolfe *Address* 54. S. Broadway

F. A. McManus *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 61627 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Rinehart

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 3 *Months,* 19 *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and Number. } 411 9 Scott Alley

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 24

Undertaker, Ernst Schloman

Place of Business, 200 Sharp St. *Address,* 200 W Lombard

John G. Hilliard M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6628 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine O'Donnell

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 60 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt 25 Years

Place of Death, {Give street and Number.} No 6 Spruce Alley

Cause of Death, First, (Primary.) Accidentally Burned

Second, (Immediate.) —

Duration of Last Sickness, abt 6 Hours

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

Chas M. Nevett M. D.,
Coroner & Medical Attendant.

Address, 67 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. See following Certificate

OVER.

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 61628

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan - 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine O'Donnell

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} No - 6. Bruce Alley

Cause of Death, {First (Primary,) Second (Immediate,)} Burns of Chest & both Arms & Face & body

Duration of Last Sickness, Same 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 25 - 1882

Undertaker, M. Clark & Son

Place of Business, 91 E. Pratt

Address, 227 Gough St

A. L. Lohse M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 61629 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Ludwig

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 14 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 Bank St

Cause of death, First, (Primary,) Nasal Catarrh

Second, (Immediate,) Apnoea

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Dem

Date of Burial, Nov 24. 1882.

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

L. Lemmon M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61620 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1882

CERTIFICATE OF DEATH.

Date of Death, Nov 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Diesel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 8 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 210 Aliceanna St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 15 days

All the above Information should be furnished by the Physician.

Place of Burial, Ft Alfred

Date of Burial, Nov 24/82

James D. Shane *M. D.,*

Medical Attendant.

Undertaker, M Lantz

Place of Business, *Address,* 68 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12 **Board of Health, City of Baltimor**

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 6163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 24 1882

Date of Death, November 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Oliver

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Three *Years,* Two *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 79 Division St. Balt.

Cause of Death First, (Primary.) Diphtheria & measles

Second, (Immediate,) "

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 24

Undertaker, Martin Fahey

Place of Business, 128 Lawrence Address, 132 Lawrence st.

Silas Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61632 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, a... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22d. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes —

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 7 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life —

Place of Death, { Give street and Number. } St Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 24th Nov. 1882

Undertaker, Pat. Hunt

Place of Business, Division, Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61633 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov - 23d - 1882 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie -

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 1 *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St - Vincent's Infant asylum

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, Died Suddenly after a few hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 24th - 82

Undertaker, Pat - Hunter

Place of Business, Dixon Square

R. Ha. Goldsmith M. D.,
Medical Attendant.

Address, Herbert ave - Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 61634 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certific... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 24 1882

CERTIFICATE OF DEATH.

Date of Death, Nov. 23 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. H. Leslie

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, ... *Years,* W. ... *Months,* 2 ... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ...

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 37 N. Eden

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Premature birth — 7 th month

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov. 24 1882.

Undertaker, Fry & Sra.

Place of Business, 81 N. Broadway Address, 77 N. Broadway

J. L. Mitchell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 61635

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edwin Session

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No. 5 Warren Avenue

Cause of Death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,) Paralysis of the Heart

Duration of Last Sickness, 2 1/2 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 24/1882

Undertaker, Amerling Denny

Place of Business, 263 Light

M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 61635 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificat... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22d 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* — *Months,* — *Days,*

Color, Cd

Married, ~~Single, Widow or Widower,~~ {~~Cross out the words not~~ required in this line.}

Occupation, Laborer (Gardner)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 6 Years.

Place of Death, {Give street and Number.} 63 Pratt st

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 24th 1882

G. W. Ames M. D.,
Medical Attendant.

Undertaker, Alex Hensley

Place of Business, 116 Richard St

Address, S W Cor Preston & Shelton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6163 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Cromwell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} #8 Marion St.

Cause of Death, First, (Primary,) Lobular pneumonia

Second, (Immediate,) Apnoea.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, Nov 24th 1882

Undertaker, Edward Lefors

Place of Business, No. 52 Vine St.

James J Brown M. D.,
Medical Attendant.

Address, #110 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61688 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Weaver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 344 E. Fayette St

Cause of Death, First, (Primary,) /

Second, (Immediate,) Small Pox

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 24/82

Undertaker, Sanders

Place of Business, Eastern Ave

Geo. H. Dennis M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Bowie Inspector

Board of Health, City of Baltimore,

Permit No. 61639 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanley [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 10 E Lombard St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov 24 92

Undertaker, G. Frank

Place of Business, Bonts & Wolf *Address,* 614 Broadway

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

/3 Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 61640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Isabella Pickle

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 397 W. Fayette St.

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) " "

Duration of last Sickness, A Long Time

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 25. 1882

Undertaker, Thos S Hughes

Place of Business, 60 E Balto St

T. Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61644 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11.23.82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. C. Packer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cutler

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 143 Mosher

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 25th 1882

Undertaker, Andrews & Hodges

Place of Business, ~~No. 6~~ Druid Hill Ave

Wm. Cushman M. D., Medical Attendant.

Address, 319 Mosher

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6164 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta May Bourne

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 22 *Years,* 7 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} Spinal curvature 3 Cuba St

Cause of Death, First, (Primary,) Disease of right side Heart.

Second, (Immediate,) General anasarca

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patks. Cem

Date of Burial, Nov. 25. 1882

Undertaker, M. A. Daiger

Place of Business,

P. G. Dausel M. D.,
Medical Attendant.

Address, 3. N. Bloody

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Drumrad

Sex, Male or Female, {cross out the word not required in this line.}

Age, 36 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} 10 Woodyear Alley

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Nov 25 1882

Frank J. Flannery *M. D.*
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, Front st *Address,* Cor Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Wheeler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 1 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Philadelphia Road

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Six months Child

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, November 25th

R. Jn Norris *M. D.*
Medical Attendant.

Undertaker, Julius Kahler

Place of Business, 244 E. Lombard *Address,* Orange

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61645 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 92

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Andrew Boyle

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 7 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } V

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 398 S. Charles

Cause of Death, First, (Primary,) Confluent

Second, (Immediate,) Small pox

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, November 24

Undertaker, B. Kent

Place of Business, 82 West St.

Burkhardt M. D.,
Medical Attendant.

Address, 281 Richardson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61646

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H H Wilkenson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 231 William St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Novemb 26

Undertaker, P. Hall

Place of Business, 62 West St

H H Wilkenson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per eceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61641 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 24 1882

Date of Death, Nov. 22, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Dorsey

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 65 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } St. Mary's Co Md.

Duration of Residence in the City of Baltimore, 11 mo.

Place of Death, { Give street and Number. } 9 Vincent Al.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Heart Failure

Duration of Last Sickness, 7 ds.

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Nov 24th 82

Undertaker, Jos. H. Case

Place of Business, 185 Hanover

B. A. Lemmon M. D.,
Medical Attendant.

Address, 215 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61648 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Fulcate

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 7 *Months,* *Days.*

Color, Brush Indian

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Broadneck Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 17 Randall St

Cause of death, First, (Primary,) Malaria Exhaustion

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 2d 1902

Undertaker, William A. Lange

Place of Business, 62 East St

W H Chew M. D.,
Medical Attendant.

Address, 185 Hollyday St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6749 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Curtis

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Nine *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 211 Hughes st West

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov 25

Undertaker, John H Owens

Place of Business, No 228 Howard

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
77 Hill st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61650 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 24 1882

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Guy Gross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 23 *Days,*

Color,

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and Number.} 26 E. Fistor

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Lou

Date of Burial, Nov. 24th 82

Undertaker, C. France

Place of Business, Bank & Hart *Address,* 245 E. Monument

J. Flaherty M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61657 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 25 1882 BALTIMORE

Date of Death, Nov 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Ricketts

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 5 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 200 South Bond St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness, 9 days

At the above information should be furnished by the Physician.

Place of Burial, E. N. Public Cem

Date of Burial. Nov 24th 1882

Undertaker, M Coleman

Place of Business, 500 Dorsey

Geo. F. Dove M. D., Medical Attendant.

Address, Cor Bond & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6165-2 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Otto,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 5 *Months,* 16 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and Number.} 9 Lloyd St

Cause of Death, First, (Primary,) Pulmonary Tuberculosis,

Second, (Immediate,)

Duration of Last Sickness, About two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov. 26th 1882 D M Cathell M. D.,

Undertaker, G. Rossiter Medical Attendant.

Place of Business, 196 E Baltimore St *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61653 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Wilbur Underwood

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} # 30 Cinquith St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Paralysis of heart & brain

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cem

Date of Burial. Nov. 25. 1882

Undertaker, Wm. H. Hackman

Place of Business, 234 N. Gay St. *Address,* # 305 N. Carolina St.

Geo. A. Hartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 61657

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 24 1882

Date of Death, Nov. 24th. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Florence Wright

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 194 E Bethel St.

Cause of Death, First, (Primary,) Variola (Malignant)

Second, (Immediate,)

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 24/82

Undertaker, Michael Funk

Place of Business, 35 Bank St

John H Kelbergen M. D.,

Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61655

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 25 2 1882 BALTIMORE

Date of Death, November 24. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kattie Roth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 388 Orleans St.

Cause of death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetrie

Date of Burial, Nov 26 1882

Undertaker, John Kenney

Place of Business, 382 Orleans St

H. Hollenberg, M. D.,
Medical Attendant.

Address, 367 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61656 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 23. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Roth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 388 Orleans St.

Cause of death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetri

Date of Burial, Nov 26 1882

Undertaker, John Kenna

Place of Business, 382 Orleans St. *Address,* 367 E Baltimore St.

H. Collenberg. *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Balti...

Permit No. 61657

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Maccalter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 6 *Months,* 23 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Shipcarpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, All My

Place of Death, {Give street and number.} 666 E. Charles st

Cause of Death, First, (Primary.) Chronic Dysentery

Second, (Immediate.) 6 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Nov 26

Undertaker, B Hartle

Place of Business,

Geo. H. Dennis M.D.,
Medical Attendant.

Address, 14 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 61668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25? 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Viola Rosin

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days.*

Color, White. *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 225 Saratoga St

Cause of Death, First (Primary,) Typhomania.

Second (Immediate,) Exhaustion from fever & nervous prostration

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, 26 Nov

Undertaker, [illegible]

Place of Business, [illegible] Balto

Wm. H. Wiltes M. D.
Medical Attendant.

Address 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

16 Board of Health, City of Baltimore,

Permit No. 6165-9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Winter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 58 *Years,* 11 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cigar Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number} 33 Ridgely St

Cause of Death, First, (Primary.) General Debility

Second, (Immediate,)

Duration of last Sickness, General Debility Sick indoors 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Evg. Lutheran, Druidhill

Date of Burial, Nov. 26th 1882

H. R. Fellenbaum M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St. *Address,* 205 W. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07-82]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23d 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah R. Oliver.

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 74 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not reqnired in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 63 years.

Place of Death, {Give street and number} 212 Biddle St,

Cause of Death {First, (Primary,) Infirmities of Age.

{Second, (Immediate,) —

Duration of last Sickness, 6 Wks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 25.

Undertaker, C H Blizzard

Place of Business, 191 Penna Ave

Chas J Pennington M. D.
Medical Attendant.

Address, 184 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61661 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 25? 1882 BALTIMORE MD.

Date of Death, November 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Conroy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 356 S. Charles St

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae

Date of Burial, Nov 25th

Undertaker, Daniel J Gunn

Place of Business, 110 Hanover St

Z K Wiley M. D.,
Medical Attendant.

Address, 154 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61662 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MD. NOV 25 2 1882

Date of Death, Nov 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Wellen.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 hrs *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltd

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 98 Russell.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Nov 25

Undertaker, Geo Wellen

Place of Business, ...

Geo. H. Dixon M. D.,

Medical Attendant

Address, 98 Russell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61663

Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 25? 1882 BALTIMORE

Date of Death, Nov. 24th 10 M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Glue

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 15 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 552 Canton Ave

Cause of Death, First, (Primary,) Chronic Croup

Second, (Immediate,) .....

Duration of Last Sickness, Several days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetry.

Date of Burial, Novbr 26th 1882

Undertaker, Wm A Nicolaus

Place of Business, 258 Wilkens Ave

Jamed E. Donnelly M. D.,
Medical Attendant.

Address, 279 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61664 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 25 1892 CITY

Date of Death, November 23/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Haupt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} N. W. Cor Hollins & Stockton St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheritic Croup.

Duration of Last Sickness, Two (2) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 25th 82

Undertaker, Matthew Gaddis

Place of Business, 227 Mulberry St

H L Thein M. D.,
Medical Attendant.

Address, 287 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 61665 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulie Cornish

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, Nearly two years

Place of Death, {Give street and number.} 188 Warner St

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, Nov 25

Undertaker, Jacob Davis

Place of Business, 1321 Ed St

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 61666 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 25? 1882

CERTIFICATE OF DEATH.

Date of Death, Nov 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* 24 *Days,*

Color, Blk

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} E 8 Goodmans al

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 25th 1882

Undertaker, Samuel Chase

Place of Business, 198 S Howard St

E. H. Ellis M. D.,
Medical Attendant.

Address, 213 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61667 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 25 1882

Date of Death, Nov. 23/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Kastner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} .....

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} .....

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 184 East. av.

Cause of Death, First, (Primary,) Injury of Spine

Second, (Immediate,) Paralysis (Several)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Nov. 26. 1882 *Undertaker,* H. C. Saunderson

Place of Business 252 Canton Ave *Address,* 117 S. Broadway

R. C. Mansfield M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61668 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 25 1882

CERTIFICATE OF DEATH.

Date of Death, Nov. 23d, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Francis Alexander

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, Four weeks

Place of Death, {Give street and Number.} # 119 S. Chappel St

Cause of Death, First, (Primary,) Internal Convulsions

Second, (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Holy redeemer Cem.

Date of Burial, Nov. 25th, 1882

John H. Mehlhorn M. D.,

Medical Attendant.

Undertaker, H. Sanders & Son

Place of Business, 252 Canton Ave Address, #243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61669 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 2 1882 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Graham

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 27 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, { Give street and Number. } No. 9 Shrewsbury Ave.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem.

Date of Burial, Nov. 25, 1882

Undertaker, H. Lander Sons

Place of Business, 252 Eastern Ave Address, 248 Eastern Ave

..... M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61670 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Haase

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 115 Lancaster St

Cause of Death, First, (Primary,) Spasmodic Croup

Second, (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem

Date of Burial, Nov. 26. 1882

John H. Kehlenger M. D.,

Medical Attendant.

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave Address 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6167 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25? 1882 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Nelson Stonesifer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Westminster Md.

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and Number.} 177 Preston St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cem

Date of Burial, 27 Nov

Undertaker, J. H. Chalmers

Place of Business, 336 Penn Ave

H. H. Christman M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6672 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... NOV 25 2 1882 BALTIMO...

CERTIFICATE OF DEATH.

Date of Death, Nov 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Jenkins

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and Number.} 219 Mulligan

Cause of Death, First, (Primary,)

Second, (Immediate,) Dentition

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Nov 26th 1882

Undertaker, C A White

Place of Business,

Geo. F. Dean M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Ed Kloragg S.B.

~~No 15~~

Permit No. 61673

Board of Health, City of Baltimore

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
NOV
25
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25-82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edward Morrison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give street and number.} #2 Peach alley

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 25 82

Undertaker, H. Ross

Place of Business, 75 Conway St

A. M. Bell, M.D.,
Medical Attendant.

Address, Cor Sharp & Lee sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61614 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 25 1882

CERTIFICATE OF DEATH.

Date of Death, November 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy G. Stauffer

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ——— *Years,* 2 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 287 Columbia Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsion (supposed)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 27, 82 Geo. D. Blanc M. D.,

Undertaker, Philip J. Dill Medical Attendant.

Place of Business, 183 Columbia Ave Address, 168 Patapsco St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61676 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 25 1932 BALTIMORE

Date of Death, Nov. 24. 32

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* ~~~~ *Months,* ~~~~ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 279 Chestnut Av.

Cause of death, First, (Primary,) Acute Dysentery

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 26 1932

Undertaker, William A. Lange

Place of Business, 62 1932

John [illegible] *M. D.,*

Medical Attendant.

Address, 215 N. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Armstrong

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 47 Parrish alley

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24 1882

Undertaker, William A Engel

Place of Business, 62 1882

H Hamer Hill M. D.
Medical Attendant.

Address, 119 E Hamburg

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6167 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mamie H Fillhamer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 9 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and Number. } 310 Hanover St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Diphtheria

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 26th 1882

Undertaker, Chamberlain & Sons

Place of Business, 268 W Balto St

Thos E Cotter M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6178 *Office of Registrar of Vital Statistics.* Ward 6.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Zimmerman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 30 - *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 115 N Canal

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 115 N Canal

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) —

Duration of Last Sickness, two hours

All the above information should be furnished by the Physician.

Place of Burial, Oheb Scholam

Date of Burial, Nov 26th

Undertaker, Myers Uhlfelder

Place of Business, 43 S Hiegh St

G D Dohme M. D.,

Medical Attendant.

Address, 816 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See following certificate

61679

Baltimore Nov 25--82

University Hospital Cor
Green & Lombard Sts

Dear Sir

You will please
give the bearer of this note
a Burial Certificate for
a child that I have been
attending said child having
died of Phthisis Pulmonalis
on yesterday morning the
child was 3 years and 2
months old. I am a Student
at University Hospital and
think you can rely on my
diagnosis

Your Obt
W J Nelson

Board of Health, City of Baltimore,

Permit No. 6167 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Stevens

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 209 Raborg St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pthisis Pulmonalis

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Nov 26

Undertaker, W Runge

Place of Business,

Geo. H. Denson M. D.,

~~Medical Attendant.~~

Address, Cor. of Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 61680

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Sheedy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 110 S. Howard

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Nov 26th 1882

Undertaker, John Hoachin

Place of Business, No 150 Cand Ave

Edw J. McKeown M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6167 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, (Nov 25)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Jane Burke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 d *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 224 Chestnut st

Cause of Death, First, (Primary,) Peritonitis Malformation

Second, (Immediate,) Asthenia

Duration of Last Sickness, 4 hrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 26

Undertaker, A Kumara

Place of Business,

D. Stall M. D.,
Medical Attendant.

Address, 142 W Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6662 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher Anderson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, Blk.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. Co. Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 41 State st.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, (6 wks)

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 24th 1882

Undertaker, Wm J Gray

Place of Business, 63 Mulberry st

Herbert Harlan M. D.,
Medical Attendant.

Address, Balto Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61683 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Litarski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 Months

Place of Death, {Give street and Number.} 75 Griffin Court

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Nov 24th 1882

Undertaker, G France

Place of Business,

Geo. W. Dudson M. D.,

Medical ~~Attendant~~.

Address, Con

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61684 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1882
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Semmis Howe

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kansas City Kansas

Duration of Residence in the City of Baltimore, 1 mth

Place of Death, {Give street and number.} 187½ George St

Cause of death, First, (Primary,) Marasmus -

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, 2 Mths.

All the above information should be furnished by the Physician.

Place of Burial, Sand Alphonsus Cemetery

Date of Burial, Nov 26

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

A. Richter M. D.,
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61685 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Kuhn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 13 yrs.

Place of Death, {Give street and Number.} St. Josephs Hospital

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Ten Months.

All the above information should be furnished by the Physician.

Place of Burial, N. Olivet Cemetery

Date of Burial, 24th Nov. 1882

Undertaker, P. Kummert

Place of Business, 317 Mulberry *Address,* St. Josephs Hosp

C. V. G. Hoffman M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61686 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Steinburg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 21 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 2 mo 3 days

Place of Death, {Give street and Number.} 5 L. McGaldrey Ct Franklin

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, Nov 26th 1882

J. C. Hilleir M. D.
Medical Attendant.

Undertaker, David Haiman

Place of Business, 162 N. High St. *Address,* 158 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley Hudson Zoellers

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 159 North Calhoun st

Cause of Death First, (Primary,) Acute Laryngitis — With

Second, (Immediate,) closure —

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bact'd Cemetery

Date of Burial, Nov 26

Undertaker, Stewart Worden

Place of Business, ...

Geo. E. Hill M. D.
Medical Attendant.

Address, 11 E Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61688 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 26 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 24 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silas Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 28 Abrys alley

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Miscellaneous Group
Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery
Date of Burial, Nov 26 1882
Undertaker, Daniel Zolyman
Place of Business, 109 West St

I C Burch M. D.,
Medical Attendant.
Address, 15 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61689 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. W Clark

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 10 Months *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Baltimore-693 Hanover St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Small Pox

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, November 26

C. D. Smith *M. D.,*

Medical Attendant.

Undertaker, B. Hauck

Place of Business, 92 West St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61690 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 21 Marshall ave

Cause of Death, First, (Primary,)

Second, (Immediate,) I suppose Small Pox

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial. Western Cemetery

Date of Burial. November 26

Thomas Cottle M. D.,
Medical Attendant.

Undertaker, B. Hurst & Co

Place of Business, Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61691 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Wenzel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} * 225 N. Caroline St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,)

Duration of Last Sickness, some weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 27th 1882

Geo. A. Hartman M. D.,
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

Permit No. 61692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1883

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bailey

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death, First, (Primary,) Heart Disease.

Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 27 A 1883

Undertaker, Chas T Brennan

Place of Business, 291 Eutaw st

C. Fawcett *M. D.*
Medical Attendant.

Address, 92 Morton st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 61693 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 28 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Jones Matthews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One Years three Months, Sixteen Days.

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 94 N Exeter St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Entero-Colitis & Spasms

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial Friend's Burying Ground Harford Road

Date of Burial, Nov 27th, 1882

Undertaker, Henry W. Mears

Place of Business, 113 N. Gay St Address, 262 Madison Ave

Elias C. Price M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 6169

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 25th May, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Crispen

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number.} 292 Johnson St

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Debility

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Montalevet

Date of Burial, Monday May 29th

Undertaker, B. Harley

Place of Business, 20 East St

A. M. Dodge M.D.,
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6669 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 179 Hudson St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Nov 27th 1882

Undertaker, Henry J Mitchell

Place of Business, 65 S Broadway

C. J Williams M. D., Medical Attendant.

Address, 33 S Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61696

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
NOV 26 1882
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the prosecution of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Hately

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N.E. Cor. York & Battery av

Cause of Death, First, (Primary.) Small-Pox

Second, (Immediate.)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters ~~Elliots Landing~~

Date of Burial, Nov. 26

Undertaker, B. Haile

Place of Business, No 52 West Pratt

C. A. Lurke M.D.,
Medical Attendant.

Address, 513 E. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61677 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Taylor

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 3 mo *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 3 mo

Place of Death, {Give street and Number.} 300 Lig't St Ext.

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Novemb. 28

Undertaker, B Hauck

Place of Business, 82 West St.

C. D. Smith M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61698 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Mills

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 566 S. Charles St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet

Date of Burial. Nov 28th 1882

Undertaker, Hunter & Denny

Place of Business, 263 Light St

R. J. H. Tall, M. D., Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61699 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Whalen

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 24 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Driver

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 174 Columbia Ave

Cause of Death, First, (Primary,) —

Second, (Immediate,) Gastro Enteritis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Nov 27. 82

Undertaker, Phil. J. Dill

Place of Business, 183 Columbia Ave

Jno D Blake M. D., Medical Attendant.

Address, 168 Pacific

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61700 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Holland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 29 1882

Undertaker, A Rosenberger

Place of Business, 70 Mulberry

F West M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 61701

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 27 2 1882

Date of Death, Nov 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Francis Loftus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} born Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 20 Canton St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Nov 27 82

{*Undertaker* H. Sandrock Jr

{*Place of Business,* 252 Canton Ave *Address,* 233 Ellwood Av.

E. J Williams M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61702 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Victor D Garrett

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } No 19 Cleveland Alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial Mt Carmel

Date of Burial, Nov 23rd 82

Undertaker H C Sandy & Son

Place of Business, 252 Canton *Address,* [illegible] *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Colein

Sex, Male or Female, {cross out the word not required in this line.}

Age, 59 *Years,* 5 *Months,* — *Days.*

Color, White

~~Married, Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Co., Md.

Duration of Residence in the City of Baltimore, about 40 yrs.

Place of Death, {Give street and number} 505 S Monroe St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laders Churchyard Balto. Co.

Date of Burial, Nov. 28/82

Wm. B. Rider, M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 195 N. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. PUSEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richet Katzenstein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* five *Months,* and one *Day.*

Color, White *Sex,* .....

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 761 W. Baltimore Str.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} the same number as above

Cause of Death, First (Primary,) Hydrocephalus and Spina

Second (Immediate,) bifida cum inflammatione.

Duration of Last Sickness, Whole live first and eight days last.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Nov 27/82

Adolph Boehm, M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 709 W. Balto St. *Address* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 61705 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schmidt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 3 *Months,* 29 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 11 Marshall ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Ty[illegible] Fever

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, Egl. Lutheran Druidhill

Date of Burial, Nov. 27th 1882

Undertaker, Adam Waidemeyer

Place of Business, 578 W. Baltimore St

Address, 146 Hanover st

My Theodore Cooter *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10.

Board of Health, City of Baltimore,

Permit No. 61706

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25 / 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen Faraway

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Blk. *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and number.} 54 Harmony Lane

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery / Herbert Harlan M. D.

Medical Attendant.

Date of Burial, Nov 27 82

Undertaker, Alf Hemaly *Address* 246 Madison Ave

Place of Business 116 Orchard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 61707 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV. 27 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 November 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Doenerth

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 4 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } Penn Avenue 200

Cause of death, First, (Primary,) Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28 November 1892

Undertaker, Andrew Bohde.

Place of Business, 48 Penna Ave

A. E. Reinhard M. D.,
Medical Attendant.

Address, 224 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Stewart

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 323 Lanvale St.

Cause of Death, First, (Primary.) Chronic Phthisis

Second, (Immediate,) Pneumonia

Duration of last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov. 28th 1882

Chas L. Quinan M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette St. *Address,* 71 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6[illegible]708 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25th " 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca A. Chesley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} .....

Age, 69 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Seven years.

Place of Death, {Give street and Number.} 31 N. Stricker St.

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) .....

Duration of Last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial St Marys Co Md

Date of Burial, Nov. 29" 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

C. H. Miller, M. D.,
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61718 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 27 2 1882 BALTIMORE

Date of Death, Nov. 26. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Ruhl

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 23 Forest Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Membranous Croup

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 28th 1882

C. W. Neff, M. D.,
Medical Attendant.

Undertaker, Mrs P. Kimmett

Place of Business, 317 Mulberry St *Address,* 306 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61711 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Heinrich

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 42 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, { Give street and Number. } 63 N. Eden St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate) —

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial. Nov. 28, 1882

Undertaker, Henry Hofmann

Place of Business, 63 N. Eden St.

M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov - 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia A. Heinel

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No - 99. Duncan Alley

Cause of Death, First (Primary,)

Second (Immediate,) Scaolatina (Malignant)

Duration of Last Sickness, Seven (7) days.

All the above information should be furnished by the Physician.

Place of Burial, ~~5th Herman Cemetery~~ Mt Carmel Cemetery

Date of Burial, 27 of Nov 1882

Undertaker, Henry Hofmann

Place of Business, 63 N. Eden St

S. L. Clarke M.D.
Medical Attendant.

Address, 237 Fough St -

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

6173

Missing

Board of Health, City of Baltimore,

Permit No. 61114 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

BOARD OF HEALTH NOV 27 2 1882 BALTIMORE

Date of Death, Monday Nov. 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Matthieu

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 50 E. Eager St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Exhaustion and Dyspnoea.

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 29th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Wilmer Brinton, M. D.,
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6716 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 27 1882 BALTIMORE

Date of Death, Nov 25

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. Nash.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* 14 *Days,*

Color, Ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 160 Raborgon

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harpers

Date of Burial, Nov 27

Undertaker, W R Dunpee

Place of Business,

Geo. H. Jones M. D.,
Medical Attendant,

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...to the Remarks Below, and to List of Diseases on Back of this Certificate.

18 Board of Health, City of Baltimore,

Permit No. 61716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Meyers

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* 6 *Months,* *Days.*

Color, ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 54 Race st

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,)

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Church St. Cemetery

Date of Burial, November 27

Undertaker, H Ross

Place of Business, 95 Lombard St

W. L. Sandrock M. D.
Medical Attendant.

Address, 227 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

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Permit No. 6171

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Harman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* — *Months,* *Days.*

Color, Negro —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 2 Leach Alley. —

Cause of Death, First, (Primary.) Diphtheria —

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 27

Undertaker, H Ross

Place of Business, 95 Conway St

W. A. B. Dillman *M.D.,*

Medical Attendant.

Address, 247 Carrollton Ave. —

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6178 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Modolski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 269 S Ann St

Cause of Death, First, (Primary,) Internal Convulsions probably

Second, (Immediate,) caused by Vaiola Poison

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Com

Date of Burial, Nov 27th 82

Undertaker, G. France

Place of Business, Bond & Wolfe

John H. Kehoe M. D., Medical Attendant.

Address, 2434 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61719 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Talbot Sayers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 138 Division St.

Cause of Death,
First, (Primary,) Pneumonia
Second, (Immediate,) "

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial. Greenmount Cemetery

Date of Burial. Nov 28th 1882

Undertaker. E. Slaughter

Place of Business, 320 Eutaw Ave

H. H. Smith M. D.,
Medical Attendant.

Address, 431 Eutaw Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61720 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27? 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lazarus Meyer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 83 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not reqnired in this line.} Widower

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and nnmber.} 238 W. Fayette St

Cause of death, First, (Primary,) Apoplexia

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Near Sinia

Date of Burial, Nov 28th

Undertaker, Wm Eilau

Place of Business, 101 Gough St

A. Aronson M. D.,
Medical Attendant.

Address, 145 Eighth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

5 # Board of Health, City of Baltimore, 6

Permit No. 6172

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 *Years,* 6 *Months,* 11 *Days.*

Color, Col'd.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3 Forrest St

Cause of Death, First, (Primary,) Cynanche

Second, (Immediate,) Tracheitis

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 27 1882

Undertaker, William L' Lurgee

Place of Business, 62 East St

E. W. Eland M. D.
Medical Attendant.

Address, 85 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

6722 Board of Health, City of Baltimore, 4

Permit No. ~~4008~~ *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 27 2 1882 BALTIMORE

Date of Death, Nov. 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Rebecca Martin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 27 *Days,*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 97 Chestnut st

Cause of Death, First, (Primary,) Catarrh

Second, (Immediate,) Croup

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 27, 1882

Undertaker, Wilson & Dwyer

Place of Business, 62 East st

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61723 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 27 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Cauper

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 153 S. Durham St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Sept 27.

Date of Burial, Dallas St

Undertaker, J. J. Lasko

Place of Business,

R. W. Mansfield *M. D.,*
Medical Attendant.

Address, 117 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61924 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 26. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Sadtler

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 27 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 12 N. Castle.

Cause of Death, First, (Primary,) Scarlatina anginosa

Second, (Immediate,) Uraemia

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsons

Date of Burial, Nov 28th

Undertaker, W Neppel

Place of Business 151 E Bond St

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt. & Front Sts.

NOV 27 1882

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61726 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice May Bornemann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* 9 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 152 E. Bond st

Cause of Death, First, (Primary,) Membranous croup

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Nov 27th

Undertaker, H. Diffell

Place of Business, 151 E Baltimore *Address* 107 Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61726 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Bark

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 47 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. } .....

Occupation, Machinist

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and Number. } 354 Mulberry St

Cause of Death, First, (Primary,) Epilepsy

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 28 1882

Undertaker, Matthew Gardner

Place of Business, 227 Mulberry St

H. E. Hill M. D.,
Medical Attendant.

Address, 443 Fountain St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16

Board of Health, City of Baltimore,

Permit No. 61727

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 27 1882 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Insley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 39 China st

Cause of Death, First, (Primary.) Chronic Croup

Second, (Immediate.) .....

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Nov 27th 82

Undertaker, C. F. Krause

Place of Business, ...

D. A. Cook *M.D.,*

Medical Attendant.

Address, 573 Eutaw st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6172 8

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Thos Jones

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } XXX

Occupation, XXX

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 67 S Bethel St

Cause of Death, First. (Primary,) Diphtheria

Second. (Immediate,) .....

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 27 1882

Undertaker, J S Wheary

Place of Business 198 Howard

James E Donnelle M. D., Medical Attendant.

Address, 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[Over.]

Board of Health, City of Baltimore,

Permit No. 61729 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Bailey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1½ *Months,* ..... *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 85 Harmony Lane

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 85 Harmony Lane

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Thrush

Duration of Last Sickness, Seven Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov. 27th '82.

Undertaker, Sam'l M. Chase

Place of Business, 198 S. Howard

Alexander Tinsley M. D.,

Medical ~~Attendant~~ Coroner

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61720 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pontz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 188 S. Dallas St,

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Acute Bronchitis

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetry

Date of Burial, Nov. 28th 1882.

Undertaker, Henry Hofmann

Place of Business, 62 N. Eden St.

R. W. Manfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Bodies, and to Rule on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61731 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Walter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* — *Months,* — *Days,*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 108 Forrest st

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Myocarditis

Duration of Last Sickness, Saturday day sick

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Nov 27 1887

Undertaker, Henry Roth

Place of Business, 20 Penfield

J. Wolcott M. D.,
Medical Attendant.

Address, 1201 Eutaw Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61732 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Ward

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 19 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 561 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 27

Undertaker, Jas P Byrne

Place of Business, 6 [illegible]

I. C. Burch M. D.,
Medical Attendant.

Address, 15 N Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61733

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Meers

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 70 McKim

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) asthma.

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Old Bethel

Date of Burial, Nov 28

Undertaker, H. L. Waddell & Son

Place of Business, 90 Pearl ~~Street~~ Ave

F. E. Chatard Jr. M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 61734 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carles M. Carrol.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 28 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Cigar Maker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 306 E. Monument St.

Cause of death, First, (Primary,) Pulmonary Consumption & Tabes dorsalis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Dec 28 1882

Undertaker, Joseph F Byrne

Place of Business, 69 Liberty St

John S. Lynch M. D.,
Medical Attendant.

Address, No 18 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61735 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. & Emma White Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 4 Hours ~~Days.~~

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 Hargrove Alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemty

Date of Burial, Nov. 28th 1882

Undertaker, A. Stanley

Place of Business,

Geo. H. Dennison M. D.,

~~Medical Attendant~~

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61736 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Landsberg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 168 N. Front

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) —

Duration of Last Sickness, 24 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 28 1882

Undertaker, Jas P Byrne

Place of Business, Front St *Address,*

A R Alcedo M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2

Board of Health, City of Baltimore,

Permit No. 61737

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Martin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Spring St 111

Cause of Death, First, (Primary.) Bronchitis Catarrh

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 1/2 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Nov 28th 1882

Undertaker, Charles A. White

Place of Business, 35 Granby St

John A Schultz M.D.,

Medical Attendant.

Address, Baltimore Co Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61788

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie G. Ducksteen.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 1/2 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} #46 N. Mound St

Cause of death, First, (Primary,) Puerperal Convulsions

Second, (Immediate,)

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, Phila. Pa.

Date of Burial, Nov 30th.

Undertaker, F. N. Isell

Place of Business #131 Hanover St

Geo. H. Lapsley M. D.,

Medical Attendant.

Address, Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2844, Trinity

[OVER.]

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Permit No. 61739

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie J. Fowler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* 28 *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~. {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Three Yrs

Place of Death, {Give street and number.} 532, Orleans St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, 24th Nov 1882

Undertaker, Mr Hurley

Place of Business, 41st St Hyg

L. C. Smith *M.D.,*

Medical Attendant.

Address, 176, S. Paca St

10/24/82

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 61748

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 27 Nov 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tabitha Jenkins

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, 20 Years,

Place of Death, {Give street and number.} 29 Littig's Al,

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) Debility

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet C.

Date of Burial, 29 Nov. 1882

Undertaker, [illegible], Hall

Place of Business,

A. A. Hodge M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6174 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Judicia O'Brien

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 98 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 80 Hampstead St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Novemb. 28 J. D. Gwynn *M. D.,*

Medical Attendant.

Undertaker, B. Haus

Place of Business, 92 West St. *Address,* 139 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 61742

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 128 Fort Avenue

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert County

Date of Burial, December 28

Undertaker, B Keech

Place of Business, 26 West St.

Residence

W. A. Cook M.D.,

Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61743 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Peters

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and Number.} 12 New St

Cause of Death, First, (Primary,) old Age

Second, (Immediate,) Influenza

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, Mount St Evans

Date of Burial, Nov 27, 1882

{*Undertaker,* William J. Lange

Place of Business, 62 East St}

G. A. Gillis M. D.,
Medical Attendant.

Address, 1080 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61744 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Shuman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* 10 *Months,* 4 *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, since 1849

Place of Death, {Give street and Number.} (146) 146 Low St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonary Catarrh

Duration of Last Sickness, Several Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 28 1882

A. Lloyd Shortzer M. D.,
Medical Attendant.

Undertaker, John Hennig

Place of Business, 382 Columbia St *Address,* 11 S High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61745 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kaufman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 202 Forrest St

Cause of Death, First, (Primary,) Abcess of Brain

Second, (Immediate,) Encephalitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Nov 29 1882

Undertaker, John Fleming

Place of Business, 328 Eutaw St

Thomas Bobst M. D.,
Medical Attendant.

Address, 49 Frankline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6176 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 28 1882 BALTIMORE

Date of Death, November 27th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Betz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Two *Years,* Seven *Months,* — *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 105 N. Washington St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Eight days

All the above Information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial. Nov 29 1882

Wm H. Cleudinen, M. D., Medical Attendant.

Undertaker, John Kennedy Jr

Place of Business, 352 Orleans St Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61747 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie D. Ins.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, White -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 41 N. High St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption,

Duration of Last Sickness, 4 mos.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 29th 1882

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

J. W. Hook M. D., Medical Attendant.

Address, 75 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61748 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 250 Alice Anne St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Eleven

Duration of Last Sickness, ~~three~~ Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsos Cemetery

Date of Burial, Nov. 28th 1882

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Anne. *Address,* 1134 Alice Anne St.

John A. Kehlenger M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61749 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 27th November 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy E Fraser,

Sex, Male or Female, {Cross out the word not required in this line.} ———

Age, 8 *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life,

Place of Death, {Give street and Number.} 55-9 Hollins St

Cause of Death, First, (Primary,) Diphtheria,

Second, (Immediate,) Exhaustion,

Duration of Last Sickness, Two weeks,

All the above information should be furnished by the Physician.

Place of Burial Green Mount cemetery

Date of Burial, Nov 29th 1882

Undertaker, Geo B Cook

Place of Business No 707 W Baltimore Street *Address,* 55 N Hollins St

Chas E Jones M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61700 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Spencer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stevedore

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, about 15 Years

Place of Death, {Give street and Number.} No 12 Clarkson Alley

Cause of Death, First, (Primary,) Organic Dis of heart Liver and Kidneys

Second, (Immediate,) Asthenia

Duration of Last Sickness, 16 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Nov: 28

Undertaker, Geo: W. Perkins

Place of Business, 130 Henrietta

West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61757 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 28 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Ann Morris

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *~~Months~~,* *~~Days~~,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 118 S. Register st

Cause of Death, First, (Primary,) Disease of the Heart

Second, (Immediate,) Embolism

Duration of Last Sickness, (Sudden death)

All the above information should be furnished by the Physician.

Place of Burial, Bear Creek

Date of Burial, Feb 29 1882

Undertaker, H. Sandert Son

Place of Business, 262 Eastern Ave *Address,* 92 Jackson Place

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 6176-2

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 2 1882 BALTIMORE

Date of Death, Nov. 28: 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Rear of Bethel St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Ballo Mem

Date of Burial, Nov 29 82

Undertaker, Sanders & Son

Place of Business, 252 Eastern Av

James C. Donnelly M. D.,
Medical Attendant.

Address, 279 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61753 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27-82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anton Krepp

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, ... *Years,* ..... 2 *Months,* ..... *Days,*

Color, Wh F

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 4 Holtzman Court

Cause of Death, First, (Primary,) Variola vera

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 28

Undertaker, Grance

Place of Business, ...

A Mattei M. D.,
Medical Attendant.

Address, 64 E Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61754 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ursula Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* 7 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housewife.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 93 Lancaster St.

Cause of Death, First, (Primary,)

Second, (Immediate.) Paralysis - Hemiplegia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Nov. 28th 82

Undertaker, G. Frances

Place of Business, Park & Lafayette *Address,* 68 E. Lafayette

Wm. F. Thorne *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Re[illegible] to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61755 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Christopher Ruth

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 298 Lancaster St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 29th 82

Undertaker, G. Franz

Place of Business, Davis & Wolf

Albert F. Ruth M. D.,
Medical Attendant.

Address, 6 & 8 Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to [redacted] List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday 27 November 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Lautz

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 2 *Years,* 2 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City—

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give street and number} 207 Charles St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Malignant Diphtheria

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 29th 1882 | H. C. Landrum M. D. Medical Attendant.

Undertaker, Ernst Schlosman

Place of Business, 200 Sharp's | *Address,* 224 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to [illegible] of Diseases on Back of this Certificate.

Permit No. 9 6175-7

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Dunston

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* 3 *Months,* 4 *Days.*

Color, Bright

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~—~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Syphilis / Second, (Immediate.) One Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, Nov 28

Undertaker, W Coleman

Place of Business,

Thos J Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th Nov 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lee

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 106 Vine St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, 4-2-82

Undertaker, J. W. Tinsdale

Place of Business, 7 E. Eager St

H. H. Mebb M. D.
Medical Attendant.

Address, 21 Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Cert No. 61757 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov the 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Kinkel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* 4 *Months,* 24 *Days,*

Color,

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Stevedor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and Number.} 269 S Ann St

Cause of Death, First, (Primary,) old Age

Second, (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt

Date of Burial. Nov the 29

Undertaker, Conrad Shue

Place of Business, N Liberty St

Edw N. Dawson M. D.,
Medical ~~Attendant~~.

Address, Cor S Gaut

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 18

Permit No. 61760 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Weaver

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 89 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 52 Years

Place of Death, {Give street and Number.} 82 Gough St

Cause of Death, First, (Primary,) old Age

Second, (Immediate,) 3

Duration of Last Sickness, abt 7 days

All the above information should be furnished by the Physician.

Place of Burial, Evangelick ash Laundry,

Date of Burial, Nov 29th 1882

Undertaker, W. Edlow

Place of Business, 101 Gough St *Address,* 47 Bank St

Chas M. Wright M. D., Medical Attendant.

Coroner's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6176 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Jacobs

Sex, Male or Female, {Cross out the word not required in this line.} Femal

Age, 3. *Years,* 6 *Months,* 2 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} 392 N. Stricker

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 392 N. Stricker

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 29

Undertaker, J B Cook

Place of Business 707 W Fayette

Geo W Jones M. D.,
Medical Attendant.

Address, S W Cor Pine & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Cert. No. 6762 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esler Lewis Rie

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower? {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kiel Russia

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give street and number.} 185 N Front st

Cause of death, First, (Primary,) Teething &

Second, (Immediate,) Inflamation of Bowells

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, Nov 29th 1882

Undertaker, Wm Eilau

Place of Business, 101 Gough St

J Ridgway Andre M. D.,
Medical Attendant.

Address, 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61763 *Office of Registrar of Vital Statistics.* Ward 3—

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dan Lewell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 1 *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 42 Lewis

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Samuel

Date of Burial, Nov 28

Undertaker, W R Dumpee

Place of Business,

Leo. W. Denson M. D.,

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Faithful

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Farmer's Wife.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anne's Co Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Md. Woman's Hospital 51 Saratoga St, City

Cause of Death First, (Primary,) Cancer Uterus

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Queen's Anne's Co

Date of Burial, Nov 30/82

Undertaker, J. A. McCoy Bro

Place of Business, 77 W Fayette St

Resident-Physician
Md. Woman's Hospital

T. J. Shackelford M. D.
Medical Attendant.

Address, 51 Saratoga St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Cert No. 6 1765 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cath. M. Bien

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 8 *Months,* 5 *Days.*

Color, Wh

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 247 N. Ann St.

Cause of death, First, (Primary,) Enteric Fever

Second, (Immediate,) Exhaustion of Coma

Duration of Last Sickness, eight days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters & St. Pauls Cemetery

Date of Burial, 30th of Novbr. 1882

Undertaker, Wm. Nicolaus

Place of Business, 258 Aliceanna

C. B. Gillett M. D.,
Medical Attendant.

Address, 57 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61766 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th day of Nov. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parente.} Louisa Kolbrunner.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* 7, *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} General German Orphan Asylum Avenue N.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Excision of the Groin

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov. 29/82

Undertaker, Henry Sander

Place of Business, # 352 Canton Ave

Fred. Hefs' M. D.,
Medical Attendant.

Address, 52 N. Exeter Place.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. See following Certificate [OVER.]

Board of Health, City of Baltimore,

Permit No. 61766 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Kallbrenner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and Number. } General German Asylum

Cause of Death, First, (Primary,)

Second, (Immediate,) Concussion of the Brain

Duration of Last Sickness, 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Nov. 28. 1882

Undertaker, H. Saunderson

Place of Business, 202 Canton Ave, Address, Canton

J. G. Connolly *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, [illegible]

Permit No. 61767 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV. 29. 1882 BALTIMORE

Date of Death, Nov 29th 5-30 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas A. Cuthbert Virginia L. Cuthbert } Parents

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, { Give street and Number. } 468 Madison Ave

Cause of Death, First, (Primary,) Congenital Brit

Second, (Immediate,) Jaundice

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, Dec. 29/82

Undertaker, Wm Weaver

Place of Business, 702 N Eutaw St

A Miller M. D.,
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6178 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert J Brashears

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} 414 N. Durham St

Cause of Death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Paralysis of Heart

Duration of Last Sickness, Abt 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Nov 30 1882

Undertaker, James P Byrne

Place of Business, No 63 N Front

Address, [illegible] M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Cert. No. 6 1769 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob J. C. Vonhold

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 S. Wolf St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Carolina St. Cem.

Date of Burial, Nov 29th 82

Undertaker, G. Frank

Place of Business, Bentz & Wolfe

J. H. Collenberg, *M. D.,*
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61770 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 29 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Zelinski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Coal Driver

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, Over 30 Years

Place of Death, {Give street and Number.} 1619 E. Baltimore St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial. Nov 29th 92

Undertaker, G. Franz

Place of Business, Bonk & Wolf

Wm. Gill, M. D., Medical Attendant.

Address, 24 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61771

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Sanders

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 140 Johnson

Cause of Death, First, (Primary.)

Second, (Immediate.) Carrola

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Nov. 29th 1882

O. A. Cake *M.D.,*

Medical Attendant.

Undertaker, H. Sander & Son

Place of Business, 252 Eastern Av *Address,* 773 Lulu St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61772 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward, Grimes Starr

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Collector.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, Sixty years.

Place of Death, {Give street and number.} 317 North Stricker Street

Cause of death, First, (Primary,) Cerebral Hamorrhage.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Twenty hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 1st

Undertaker, J E Gough

Place of Business,

J Starr M. D.,
Medical Attendant.

Address, Ch 58 ch. Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 61773 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV. 29 1882 BALTIMORE

Date of Death, Nov. 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Parsons

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, W. L.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Wife Balto. County

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 299 Mc Elderry st

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Ten Hours

All the above information should be furnished by the Physician.

Place of Burial, Hampden

Date of Burial, Nov 29th 1882

Undertaker, Chas T Tessier

Place of Business, 271 Eutaw St *Address,* 137 Collins st

L. L. Gaff, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61774 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Fitz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 yr 5

Place of Death, {Give street and Number.} 87 Johnson st.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, November 29

Undertaker, Bernard Hall

Place of Business, 42 West St.

R. H. Ellis M. D.,
Medical Attendant.

Address, 213 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6176 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver H. Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Five *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 189 Jefferson Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, Eight Days

All the above Information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Nov 29

Undertaker, Snyder

Place of Business,

Wm. H. Clendinen, M. D.,
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61776 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Martha Ann Glenn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Eight Years, Eleven Months, — Days,

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent County, Md.

Duration of Residence in the City of Baltimore, Sixteen Years

Place of Death, {Give street and Number.} No. 300 Aliceanna Street

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Seven Days

All the above Information should be furnished by the Physician.

Place of Burial, Kent Co Md

Date of Burial, Nov 30-82

Undertaker, Wm H. Glendinen, M. D.,

Medical Attendant.

Place of Business, 61 N Gay Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6777 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 29 1882

Date of Death, Nov 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Carroll Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, — *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 413, Lanvale ~~Street~~

Cause of Death, First, (Primary,) Convulsions due to

Second, (Immediate,) Meningitis.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov 30 1882

Undertaker, J B Cook

Place of Business, 209 W Balto

Edwd F Mitchell M. D.,
Medical Attendant.

Address, 283, W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th Nov. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Erwin J. Cassidy.

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 77 Boyd St

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 77 Boyd St

Cause of Death First, (Primary,) Spinal

Second, (Immediate,) Meningitis

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Nov 30 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

F. F. Benson M. D.
Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61777 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTRAR'S OFFICE NOV 29 1882 BALTIMORE

Date of Death, November 29th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Schissel

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 199 S. Bond Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Loudon Burial Ground.

Date of Burial, Nov. 29th 1882 N. L. Dashiell, Jr. M. D.,

Undertaker, Wm Saunders & Son Medical Attendant.

Place of Business 252 Lanvale Ave Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61780 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 29 1882

Date of Death, Nov 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Edward Lofts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 30 Coulon St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial St. Patricks Cem.

Date of Burial Nov. 29th. 1882

Undertaker, H. Sanderson E. Jones Wilson M. D., Medical Attendant.

Place of Business, 252 Cantm Ave *Address,* 33 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 61781

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lizzie Harrison

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 137 North Stricker St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Convulsions

Duration of Last Sickness, Apparently well until day of death.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 30 1882

Undertaker, S. W. Glass

Place of Business, 198 Howard

Amanda E. Taylor, M.D.,
Medical Attendant.

Address, 95 N. Stricker St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Johnson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 yrs 6 months

Place of Death, {Give street and number} 67 China st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Shark n

Date of Burial, Nov 29

Undertaker, S W Chase

Place of Business, 122 Howard

Ellis Mudeau M. D.
Medical Attendant.

Address, 158 E Chas st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61783

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1882

CERTIFICATE OF DEATH.

Date of Death, November 28, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Williams

Sex, Male or Female, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 45 Biltmore St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Exhaustion.

Duration of last Sickness, about 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov. 29. 1882

Undertaker, Williams & Lange

Place of Business, 62 East 11

A. E. Matt, M. D.
Medical Attendant.

Address, 202 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

6178 4

Board of Health, City of Baltimore,

Permit No. ~~4[illegible]~~ *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Gordon.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 yrs *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Various.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 20 yrs or

Place of Death, {Give street and Number.} City Hospital.

Cause of Death, First, (Primary,) Cirrhosis of Liver.

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 mos or

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 29

Undertaker, [illegible]

Place of Business,

E. Hawkins M. D.,

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61785 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 4 Essex Court

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Edenist

Date of Burial, Nov 29

Undertaker, W Eulau

Place of Business, ...

James F McShane M. D.,
Medical Attendant.

Address, 68 L & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61186 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} [illegible]

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Matthew Cem

Date of Burial Nov 30th 1882

Undertaker, [illegible]

Place of Business, 252 Canton Ave *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61787 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Bright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... Years, One Months, Seven Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 435 East Eager St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. Annapolis Md

Date of Burial. Nov 30/82

Undertaker, Ly Bro

Place of Business, 91 N Broadway

Wm. H. Claudius M. D.,
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61788 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 29 1882

CERTIFICATE OF DEATH.

Date of Death, November 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cook

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 9 *Months,* 28 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Produce Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hesse Cassel (Germany)

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and Number.} 32 north Schroeder

Cause of Death, First, (Primary,)

Second, (Immediate,) Senility

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dezember 1. 82

Undertaker, Philipp L. Dill

Place of Business, 183 Columbia Av *Address,*

O. P. Hoffman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6789 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November - 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Markel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, 24 days

Place of Death, {Give street and Number.} 133 Pleasant Alley

Cause of Death, First, (Primary,) Catarhal fever

Second, (Immediate,) "

Duration of Last Sickness, 5th days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemitry

Date of Burial, Dec 30

Undertaker, H. Brieler

Place of Business, Hanover

L. H. Bell M. D.,
Medical Attendant.

Address, 101 So Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61798 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Bonaparte

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Retired Soldier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 59 Penn ab

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 1 year or more

All the above Information should be furnished by the Physician.

Place of Burial, W.S. Public Cemty.

Date of Burial, Nov 29/82

Undertaker, Fred A Gardner

Place of Business, 150 W Carroll [illegible] Address,

Alexandr Smiley M. D.,
~~Medical Attendant~~.
Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61771 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 27 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Keffle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 20 Hollins

Cause of death, First, (Primary,) Organic Disease Heart

Second, (Immediate,) Pneumonia Effusion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 1st

Undertaker, E. N. Small

Place of Business 131 Hanover St

J. Mattern M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61772 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lora M. Hubbard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 14 S. Stricker St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pulmonary Hemorrhage

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 1st 1882

Undertaker, Jno N McCoy & Co

Place of Business, X 22 W Hayes *Address,*

Thomas Opie M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61795 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 29 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Critzman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 102 Eastern Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, November 30th

Undertaker, Fred Quade

Place of Business, 298, Eutaw St

Address,

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61794 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, NOV 30 1882 BALTIMORE, MD.

Date of Death, November 28 th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Gilman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* ——— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} 348 North Washington St

Cause of Death, First, (Primary,) colds

Second, (Immediate,) congestion of the lungs and brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 30 1882

Undertaker, John Abercrombie

Place of Business, 562 Aliceanna St

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 61795 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. D. McCarthy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* *Days,*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and Number.} 104 Cathedral st-

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial. Dec 1 1882

Wm. L. Russell M. D.,
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 89 Liberty Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61796 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Nov. 29th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter L. Jackson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation, plumber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 334½ N. Howard St.

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 1st 1882

Undertaker, Joseph. F. Byrne

Place of Business, 59 W. Liberty St. *Address,* 95 Park Ave

A. F. Esich M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61797 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Wednesday November 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Amelia Minnaka

~~*Son, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 694 N. Baltimore St.

Cause of death, First, (Primary,) Acute Rheumatism

Second, (Immediate,) Membranous Croup

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Paul Cemetery

Date of Burial, Nov 30th

Undertaker, Andrew Kohde

Place of Business, 48 Penna Ave

Benjamin A Lowe M. D.,
Medical Attendant.

Address, 561 N Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61788 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF ~~DE~~ATH.

Date of Death, Nov. 29th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burlage

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 136 Hanford Ave.

Cause of Death, First, (Primary,)

Second, (Immediate,) Capillary Bronchitis 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov. 30 1882

Undertaker, Coolahan & Evans

Place of Business, S. W. cor Valley & Eager Address,

Jno. Frothingham M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimo[illegible]

Permit No. 61799

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Urbrecht

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number} Maion Protestant Infirmary

Cause of Death { First, (Primary,) Consumption
, { Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, December 1st 1882

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

C. Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6160 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer - Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, Over years

Place of Death, {Give street and Number.} 88 Chestnut St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Oxford

Date of Burial, November 30

Undertaker, Daniel Semple

Place of Business, 88 Chestnut

H. Conner M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61801 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 30 1982
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 29th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rosetter Vollmer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 1 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 134 N High St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) do — —

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Dec 2nd

Undertaker, Shilling

Place of Business, ~~Gay & Monument~~

L. Abrahams M. D.,
Medical Attendant.

Address, 862 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61762

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 28th Nov 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hulda Shank

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 80 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Annamessex Co. Md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, { Give street and number. } 21 Richmond St

Cause of Death, First (Primary,) Decay of Nature

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 30th 1882

Undertaker, W. T. Gordon

Place of Business, 63 Park Ave

J. W. D. Murdock M. D.
Medical Attendant.

Address 56 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age und condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6183 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 30th November 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula Mary V. Sorel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 198 West St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Pulmo-congestion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 29 1882

Undertaker, S McGraw

Place of Business, 109 Howard St

L. D. Sorel M. D.,
Medical Attendant.

Address, 146 Hill St.

L. BOYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, NOV 30 1882 BALTIMORE, MD.

Permit No. 61804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28" 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named give names of parents.} Mrs Sophia Hall

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Fifty three *Years,* Five *Months,* ——— *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number} No. 14 Boyd St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Fourteen weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 1 1882

A. J. Watts M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 704 Monument St Address, 282 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61865 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT N.Y. NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, November 29th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clifton Courtney

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* 17 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 272 Lemmon

Cause of Death, First, (Primary,)

Second, (Immediate,) Pericarditis

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial Loudon Park cemetery

Date of Burial, Nov 30th 1882

Undertaker Jos B. Cook

Place of Business No 707 W. Baltimore Street

W. R. McShane M. D.,
Medical Attendant.

Address 582 W. Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6806 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C. Durham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* ..... *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 108 N. Amity

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Eleven (11) days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, December 1st 1882

Undertaker, Denny & Mitchell

Place of Business, 165 S Broadway *Address,* 165 S Broadway

F. L. Dintaman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61807 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget M Mara

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 80 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, { Give street and Number. } 5 Summers alley

Cause of Death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 30 1882

Undertaker, James P Byrne

Place of Business, No 63 & 71 Frem St *Address,* 171 N Calvert

Geo Lynch M. D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61808

Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 30 1892 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 32 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 16 Pleasant Court

Cause of Death, First, (Primary,) —

Second, (Immediate,) Paralysis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Nov 30

Undertaker, Chas A White

Place of Business, 35 Granby St

Silas N Hunter M. D.,
Medical Attendant.

Address, 36 Gremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61809 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Eliza Johnson

~~*Son, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 11 *Months,* 1 *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } Cor Caroline av & Jefferson St.

Cause of Death, First, (Primary,) Bronchitis (Capillary)

Second, (Immediate,)

Duration of Last Sickness, 2 days.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30th

Undertaker, Chas A White

Place of Business, 35 Granby st

H. H. Goodman M. D.,
Medical Attendant.

Address, 93 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6818 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 30 1882 BALTIMORE MD.

Date of Death, Nov 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm J. Clarke

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 years 10 mo

Place of Death, { Give street and Number. } 5 Eager St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, December 1st 1882

Undertaker, Corbalan & Evans

Place of Business, S. Ker Valley & Eager Sts. *Address,*

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6811 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 11.28.82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Virginia Wilson

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 6 *Years,* *Months,* *Days,*

Color, col

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Portsmouth Va

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, { Give street and Number. } 104 York (York)

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30 1882

Undertaker, H. Ross

Place of Business, 45 Conway

Phil Eshman M. D., Medical Attendant.

Address, 847 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 61812 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30 – 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Katharina Dorothea Hoffhaus

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 56 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, tailoress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and Number.} 325 N. Central av.

Cause of Death, First, (Primary,) Cancer of intestines

Second, (Immediate,) .....

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Holy Redeemer Cem.

Date of Burial, Dec. 2 1882

C. G. Dausch M. D.,
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay Address, 3 N. Bway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Special Attention...

14

Board of Health, City of Baltimore,

Permit No. 61813

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or [illegible] or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Chase

Sex, Male or Female, {Cross out the word not required in this line.} Fem

Age, 3 *Years,* 3 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 238 Raborg St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Asphyxia

Was called in the morning, Child had been ailing, - Requested till then to wait

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, ~~Ft Smith~~ St Peters

Date of Burial, Nov 30/1882

Undertaker, Fred Wachsmuth

Place of Business, 50 S Carrollton Ave

L. L. Bitting M.D.,
Medical Attendant.

Address, 467 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is [illegible]

Board of Health, City of Baltimore,

Permit No. 6184 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Johnson Hurley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 470 East Chase St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Ky Brothers

Date of Burial, Nov. 30th 882

Undertaker, Mt. Samuel Emerley

Place of Business, Broadway & Madison

Chas. [illegible] M. D., Medical Attendant.

Address, 688 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physici...

Board of Health, City of Baltimore,

Permit No. 61815 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Scodarchak

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and Number.} 97 Griffin's Court

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 26 tho

Undertaker, W. Dippel

Place of Business, S Bond st

Dr Lucht Rehberger M. D.,
Medical Attendant.

Address, # 243 Aliceanna st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physi...

Board of Health, City of Baltimore,

Permit No. 61816 *Office of Registrar of Vital Statistics.* Ward 11.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Studinski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... 2 *Months,* ..... 0 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} #43 Lancaster St.

Cause of Death, First, (Primary,) Enteric colitis

Second, (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Dec 2nd 82

John H Richardson M. D.,

Medical Attendant.

Undertaker, G. France

Place of Business, Bonta & Wolf

Address, 343 Alice Anne St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...r special attention.

Board of Health, City of Baltimore.

Permit No. 61817 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dominick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 57 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty eight yrs.

Place of Death, {Give street and Number.} 2 S. Castle St.

Cause of Death, First, (Primary,) Pleuro-Pneumonia

Second, (Immediate,) Effusion of Serum

Duration of Last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial, St. James

Date of Burial, 30th Nov. 82

Undertaker, G. Franco

Place of Business, Bond & Wolfe

L. Glanville, Lusk M. D.,
Medical Attendant.

Address, Balt. & East. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians

Board of Health, City of Baltimore,

Permit No. 61818 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grady

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 30 Years

Place of Death, {Give street and Number.} 98 S Wolfe

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 1st 82

Undertaker, G. Frana

Place of Business, 172 Bank & Wolfe Address, 172 N Calvert

Geo Dennis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6179 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. J. Lukens Jones

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 44 Lancaster

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, St. James

Date of Burial, Dec 1 82

Undertaker, G. Franco

Place of Business, Bank & Holl

G. Glanville Lurman M. D.,
Medical Attendant.

Address, Balt. & Park. Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61820 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Powell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 1 1/2 S. Chapel St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Scarlatina

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec. 31st 82

Undertaker, G. Franco

Place of Business, Bault & Wo Address, ...

..... M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William O'Meara

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* Twenty-one *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 79 Williams St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) "

Duration of last Sickness, ~~Twenty~~ Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral by Silas Baldwin M. D.

Date of Burial, Dec 1th Medical Attendant.

Undertaker, Martin Fahey

Place of Business, 128 Townsend *Address,* 152 Tennent St.

Deceased

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 61822 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1882

CERTIFICATE OF DEATH.

Date of Death, November 29th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur McHerit

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 23 E. Monument St.

Cause of Death, First, (Primary,) double

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross

Date of Burial, Dec 1st 1882

Undertaker, James McGinis

Place of Business, 13 Howard

Jno. T. Smith M. D., Medical Attendant.

Address, 281 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61823 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus H Block

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 27 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 65 S Gilmor

Cause of Death, First, (Primary,) Gastro - Enteritis

Second, (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, ~~Nov~~ Dec 1st 1882

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 55 Park Ave.

Jas J Bosley M. D., Medical Attendant.

Address, 317 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6/824 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th.; 6 o'clock A. M.;

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Weaver

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* 10 *Months,* —— *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. 191 Dover St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Seven Days (?)

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 1 1892

Undertaker, Matthew Cadoga,

Place of Business, 224 Mulberry St

Irwin S. Edwards M. D.,

Medical Attendant.

Address 1 E. Ch. Columbia Ave. Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Ba...

Permit No. 6182 -

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Myron L. Schmidt -

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 25 *Days.*

Color, White -

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bath Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 91 Lee St -

Cause of Death, First, (Primary.) Epilepsy Convulsions

Second, (Immediate.) Apnoea

Duration of Last Sickness, 5 hr

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 1. 82

Undertaker, Philipp S. Dill

Place of Business, 183 Columbia Av

H. C. Hugo M.D.,
Medical Attendant.

Address, ~~Lee St~~ No 89 N. Green St -

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Evans

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Salisbury, Wicomico Co. Md.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} No. 348 Hanover st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 2 Fri 1882

W. C. Sandrock M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Ross sts *Address,* 227 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Dayton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~13~~ ~~Years,~~ 1 3 *Months,* *Days.*

Color, Wht *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number.} 63 Mulberry St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Dec 1 1882

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address*

[signature] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Ba.

Permit No. 61828

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *after out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence E. Hubbard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* 10 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 477 West Fayette St

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 2nd 1882

Undertaker, Chas J Levien

Place of Business, 271 W Eutaw St

H. B. Noble M.D.,
Medical Attendant.

Address, 50 Hanover Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimor

Permit No. 61829 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certifi
ca't, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d
If requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1 1882

CERTIFICATE OF DEATH.

Date of Death, November 29 - '82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margrate Jacobs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 11 *Months,* *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} S. E. Cor. Lee & Fremont sts

Cause of Death, First, (Primary,) 0

Second, (Immediate,) Paralysis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 1st 1882

I, Tyler Smith M. D.
Medical Attendant.

Undertaker, Geo. Lumbach

Place of Business, 389 W. Pratt St. *Address,* 221 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61830 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Field

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 11 *Months,* 10 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 158 S Collington Av

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul cemet

Date of Burial, Dec 1st 82

Undertaker, Jno Kohler

Place of Business, Longwood St

Geo. N. Dawson M. D.,

~~Medical Attendant.~~

Address, ~~158 S Broadway~~ Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Lot 2 Sub Parish

Permit No. 61831 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Snader

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 5 Anna Ave

Cause of Death, First, (Primary,) Cancer of Breast & Stomach

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial Manchester Carroll County Md

Date of Burial, December 2

Undertaker, Walter Immel

Place of Business, 315 West Biddle

Medical Attendant. M. D.,

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 61832

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 1 1888 BALTIMORE

Date of Death, Nov 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levinia Harrison

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* — *Days.*

Color, Black

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} 2. Read Alley

Cause of Death, First, (Primary) Scrofula

Second, (Immediate) Diptheria

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 2

Undertaker, H Ross

Place of Business, 75 Bonaparte St

A. M. Belt, *M.D.,*

Medical Attendant.

Address, 522 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary D Brian

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Lived here

Place of Death, {Give street and number.} 136 N Gay St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Pneumonia

Duration of Last Sickness, 44 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, DEC. 1. 1882

Undertaker, Wm. H. Hackman

Place of Business, 234 N. Gay St.

Richd Sappington M. D.
Medical Attendant.

Address

61833

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 61834 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days;*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House work

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nativity

Place of Death, {Give street and Number.} 109 Shields Alley

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 3d

Undertaker, E & Monaghan

Place of Business, *Address,* 172 Franklin St

H W Aitkin *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61836 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC. 1 1882 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles & Margaret Thomas Parents

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 30 Pressman St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 30 Pressman St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Garrison Forest Balto Co

Date of Burial, Dec 2d

Undertaker, J E Oldenburg

Place of Business, ...

Alexander Tarsley M. D.,
~~Medical Attendant~~
Coroner
Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61886 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Sunday~~ Thursday 30th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret A. Wiedefeld.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 92 Greenmount Ave.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six Months.

All the above Information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Dec 2d

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av. *Address,* 25½ Greenmount Av.

Wilmer Brinton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

13

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6/837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Adaline Johannes

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, forty five *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, house hold duties

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester County Maryland

Duration of Residence in the City of Baltimore, thirty years

Place of Death, {Give street and number.} 214 German Street

Cause of Death, First (Primary,) Cardiac disease

Second (Immediate,) ditto

Duration of Last Sickness, Sudden death

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. Edwd. W. White M. D.

Date of Burial, Dec 1st 1882 Medical Attendant.

Undertaker, Jno N McCoy & Co

Place of Business, 422 W Fayette St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 61888 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 1 1888 BALTIMORE

Date of Death, December 1st 1 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May Lehrs

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 9 *Years,* 10 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Child

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } S. E. Cor Lexington & Amity Sts

Cause of Death, First, (Primary,) Symptoms undeveloped until 24th when Scarlet Fever was Diagnosed - Uraemic Convulsions

Second, (Immediate,)

Duration of Last Sickness, Child sick since 27th

All the above information should be furnished by the Physician. Last illness - 3 Days

Place of Burial, Bucks Cemetery

Date of Burial, Dec 2nd 1888

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St

A. Hahn M. D.,
Medical Attendant.

Address, 543 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61839 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susannah Kamby

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single*~~, *Widow* or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and Number.} 20 W. Gilmor St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption of Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec 2nd 1882 W. R. McElmer M. D.,

Medical Attendant.

Undertaker, Henry Mottehaker

Place of Business, 530 W Fayette *Address,* 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] of this Certificate.

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6/8249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B Heath

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 523 W Fayette St

Cause of Death { First, (Primary,) Rheumatism
Second, (Immediate,) do Paralysis Heart

Duration of last Sickness, 2 11 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Dec 2nd 1882

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

Hammond & Irvine M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6184 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Brotten

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 hrs ~~Days~~

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 75 Raborg st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, Nov

Undertaker, I L Brotten

Place of Business,

Geo. N. Dennis M. D.,
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

18 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6184 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Shea.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 11 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 107 Scott St.

Cause of Death, First, (Primary,) Parotid Abscess.

Second, (Immediate,) Pyaemia.

Duration of last Sickness, 5 or 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 2d 1883

A. E. Matthews M. D.
Medical Attendant.

Undertaker, Wm Sloan

Place of Business, No 150 Camden *Address,* 283 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61843

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1 1893

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Christian Hunternesch

~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 58 *Years,* 3 *Months,* ——— *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Restaurant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 34 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 17 Garrett St

Cause of Death {First, (Primary,) Cirrhosis of liver

, {Second, (Immediate,) Ascites

Duration of last Sickness, several Years

All the above information should be furnished by the Physician.

Place of Burial, Bals

Date of Burial, Dec 3

Undertaker, E Sullivan

Place of Business,

Address, 87 W Fayette St

E Sullivan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61844 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia M. Brooks

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* 2 *Months,* 6 *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and Number.} 103 McComas Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 1882

Undertaker, C W Chase

Place of Business, 4 S Howard

Ed J Bell M. D.,
~~Medical Attendant.~~
Coroner's Physician

Address, 106 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherin Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, 39 *Years,* ..... *Months,* ..... *Days.*

Color, colored

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. during life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 21 Chestnut alley

Cause of Death { First, (Primary,) Enteritis

Second, (Immediate,)

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 1 1882

Undertaker, D Wilhase

Place of Business, 196 Howard "

T. T. Keller M. D.
Medical Attendant.

Address, 85 N. Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6/8476 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edwin Benjamin McCoy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } 232 E. Fort Ave.

Cause of Death, First, (Primary,) Tubercular Meningetes

Second, (Immediate,) Paralysis of heart

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Port Deposit Md

Date of Burial, Dec 2nd 1882

Undertaker, Denny & Morgan

Place of Business, 93 S. Broadway

E. L. Brent M. D.,

Medical Attendant.

Address, 275 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

15

Board of Health, City of Baltimore,

Permit No. 61847

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Hopkins

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 6 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 8 Little Church St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, 28 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 3rd 1882

Undertaker, Printup & Denny

Place of Business, 263 Light St

H. B. Noble M.D.,
Medical Attendant.

Address, 57 Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

15

Board of Health, City of Baltimore,

Permit No. 66848

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

DEC 1882 BALTIMORE

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Decem 1 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Younger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* 4 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 185 Montgomery St

Cause of Death, First, (Primary.) Pulmonary Abscess

Second, (Immediate.) General Debility

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 3rd 1882

Undertaker, Armstrong

Place of Business, 263 Light St

H. B. Noble M.D.,
Medical Attendant.

Address, 50 Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6184 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Hall

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Died in

Place of Death, { Give street and Number. } 617 Eutaw Place

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem

Date of Burial, Dec 1 1882

Undertaker, H. Sanders & Co

Place of Business, 253 Eutaw St

Wm. [illegible] M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61858 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1882 BALTIMORE

Date of Death, November 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Berg

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* ~~Months,~~ 9 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Yolo Co Cal

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 209 S. Wolf st

Cause of Death, First, (Primary,) (Croup) (Pseudo Membranous)

Second, (Immediate,)

Duration of Last Sickness, ~ 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Dec 3rd 1882

Undertaker, H C Sander & Son

Place of Business, 252 Caroline av

Thomas F. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6/857 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas T Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 8 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 3 N Bond St

Cause of Death,
First, (Primary,) Pseudo Membranous Laryngitis
Second, (Immediate,) Asphixia

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial. Dec 2nd 1882

Undertaker, Jas L Boyd

Place of Business, 632 Lombard St

Geo J. Eichler M. D., Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 61852 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1902 BALTIMORE

Date of Death, November 30th 188~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Richter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and Number.} 70 N. Caroline St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholom

Date of Burial, Dec 1st

Undertaker, Wm Eulan

Place of Business, 101 Gough St

I. J. Gough, M. D.,
Medical Attendant.

Address, 157 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special ... this certificate.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6185-3

DEC 1882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Herget

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* 3 *Months,* 15 *Days.*

Color, white *Sex,*

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 68 Elliotte Street. (Canton)

Cause of Death, First (Primary,) Old age

Second (Immediate,) General debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 3 Dec'm 1882

Undertaker, Todd & Thun

Place of Business, 265 Aliceanna

A. Schwartz M. D.
Medical Attendant.

Address 44 S. Broadway E.
Cor. Elliotte & Canton Streets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Spec... ...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61864 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas J. Gately

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire Lifetime

Place of Death, {Give street and Number.} 34 S Broadway

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, about six days

All the above Information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Dec 2nd 82

Undertaker, G. Frank

Place of Business, Frank & Wolf Address, 2 N Broadway

D W Cathell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61855 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Zully

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No 3 Potomac

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Dec 2nd 82

Undertaker, G. Franc

Place of Business, Barnes Wharf

E. Williams M. D., Medical Attendant

Address, 33 E. Lost St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

Permit No. 6185 6

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29-82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Peterson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, E Baltd Cemetery

Date of Burial, Dec 1

Undertaker, [illegible]

Place of Business, [illegible]

S. O. G. Woodman M.D.,
Medical Attendant.

Address, St Josephs Hosp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6185

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 2 1882 BALTIMORE

Date of Death, November 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alexander McNeal

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 56 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation, Seaman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St Joseph's Hospital

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Hemorrhage

Duration of Last Sickness, 6 Months

All the above Information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Dec 1

Undertaker, Mr Coleman

Place of Business, 611 Hall

S. T. Gluckman M.D.,
Medical Attendant.

Address, St Joseph's Hosp.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Sanitary Aid Co.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6/858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3rd A. M. (12.30 at Night) 1st December, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Leonidas Riley

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 62 *Years,* *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, House Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Maryland.

Duration of Residence in the City of Baltimore, 62 years and 7 days.

Place of Death, {Give street and number} 97 E. Madison St, Baltimore, Maryland

Cause of Death, First, (Primary.) Consumption & Bright's Kidney

Second, (Immediate.) Bright's Kidney

Duration of last Sickness, Over six Months — But I only saw him twice — On Monday last & yesterday

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Dec 3d — 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Wm. J. Smith M. D.
Medical Attendant.

Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[974.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61859 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy Fadgen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Infantine,

Place of Death, {Give street and Number.} 39 Lewinstand Ave.

Cause of Death, First, (Primary,) Congestion of the brain,

Second, (Immediate,)

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemetery

Date of Burial, Dec 2d 1882

Undertaker, Henry W. Mears

Place of Business, 145 N. Gay St

Thos Moore. M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61860 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1882 BALTIMORE

CERTIFICATE OF ~~D~~EATH.

Date of Death, Nov 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Rohland

Sex, ~~*Male or*~~ *Female,* {Cross out the word not reqnired in this line.}

Age, 60 *Years,* 11 *Months,* 13 *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not reqnired in this line.}

Occupation, None.

Birthplace, {State or country, and How long in the United States, if of foreign birth.} Hanover, Germany.

Duration of Residence in the City of Baltimore, 3 Yrs.

Place of Death, {Give street and number.} 298 N. Haven St.

Cause of death, First, (Primary,) Cancer of Right Mamma.

Second, (Immediate,) and of Liver.

Duration of Last Sickness, 12 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Dec 3/82

Undertaker, E. Schlosman

Place of Business, 20a S. Sharp St

John J. Kroger, M. D.,
Medical Attendant.

Address, 273 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61861 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Twamley

Sex, Male or Female, { Cross out the word not required in this line. } (

Age, 5 *Years,* 10 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 177 N. Mounb St

Cause of Death, First, (Primary,) Diphtheritic Laryngitis

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Dec 3 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 283 W. Lombard

Edw. F. Michael M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61862 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1882

CERTIFICATE OF DEATH.

Date of Death, December 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. Cloud Norris

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 *Years.* 9 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Printer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 2½ South Poppleton

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of Mouth

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec. 3/82

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,*

D. P. Hoffman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The ... back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6863 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 2 1882 BALTIMORE

Date of Death, Dec 1 "82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Harper

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 94 East St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul

Date of Burial, Dec 2 "82

Undertaker, John Keenan

Place of Business, 94 East St

Jas L. Fitzpatrick M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6186H *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucius Turner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 21 N Vincent

Cause of Death, First, (Primary,) Cardiac decodenal Catarrh

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Ecumby

Date of Burial, December 1, 1882

Undertaker, William A Lange

Place of Business, 62 East 11

Samuel Worthy M. D., Medical Attendant.

Address, 819 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Sp... ...this Certificate.

Board of Health, City of Baltimore,

Permit No. 61865 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 2 1882 BALTIMORE

Date of Death, Nov 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Loosey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 6 *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 Mo. & 5 days

Place of Death, {Give street and Number.} 1 Young Ave

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

B. Rowe

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 3 1882

Undertaker, William H. Lange

Place of Business, 62 East 21st

F. J. Connolly M. D.,

Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61866 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 2 1862 BALTIMORE

Date of Death, December 1st 1862

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Dulfin

Sex, ~~Male,~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~None~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 months

Place of Death, {Give street and Number.} 30 Forrest St.

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, December 3rd

Undertaker, William J. Savage

Place of Business, 62 East St

Saml E. Powell M. D.,
Medical Attendant.

Address, 129 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4 Board of Health, City of Baltimore,

Permit No. 6867

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Reynolds

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 19 *Years,* 5 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Potter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 28 Albemarle St.

Cause of Death {First, (Primary,) Typhoid Fever
Second, (Immediate,) Asthenia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial Dec 3 1882

Undertaker, James O Byrne

Place of Business, No 63 N Front St

J. W. P. Bates M. D.
Medical Attendant.

Address, 1½ N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Th: Special Attention of Physic...

Board of Health, City of Baltimore,

Permit No. 61868 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William B. Pierce

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 76 E Lombard St

Cause of Death, First, (Primary,) Had very bad case of Eczema Rubrum

Second, (Immediate,) Gangrene of Lungs

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 2d 1882

Undertaker, Jas P Byrne

Place of Business, 63 Fleet

Consulting Physician Dr Geo Rohe

Attended Hertzler M. D.

Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 61869 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 2 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 31st 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Trewaller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* ..... *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 5th & Pratt St

Cause of Death, First, (Primary,) Membranous (Diphtheritic) Croup

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 3

Undertaker, ~~J McGinnis~~

Place of Business, Front and Holliday sts

G. [illegible] M. D.,

Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2

Board of Health, City of Baltimore,

Permit No. 61870

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Klausing

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 73. *Years,* = 11 *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow ~~or Widower~~,* {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years.

Place of Death, {Give street and number.} Trinity St No 8.

Cause of Death, First, (Primary.) Has been sickly for years

Second, (Immediate.) Enteritis

Duration of Last Sickness, 6 Day's.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Dcbr. 4th 1882.

Undertaker, Peter Frey

Place of Business, 91 Eutaw Ave.

Otto Fick M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61871 *Office of Registrar of Vital Statistics.* Ward /

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Diamond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 189 Cambridge St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Croup

Duration of Last Sickness, Do not know - Dr. Gilmor last saw before death

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem.

Date of Burial, Dec. 4th

Undertaker, Wendell Tyler

Place of Business, S. Bond St 15 *Address,* [illegible]

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61874 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anastasia Dare

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 61 Thames St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ St. James Cem.

Date of Burial, 2 Dec

Undertaker, W. Zipp

Place of Business, 151 W Bound

John A Kelly M. D.,
Medical Attendant.

Address, 243 Alice Anne St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Spec... of Physicians is respectfully directed to ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/8/73 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Jenkins,

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 8 *Years,* ——— *Months,* ——— *Days,*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} Lety Hospital.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Asthenia.

Duration of Last Sickness, 2 yrs,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 2 82

Undertaker, Armistead & Dennis

Place of Business, No 263 Fell ... *Address,* Lety Hospital

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6184 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L Myer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Late

Place of Death, {Give street and Number.} 19 Harlem

Cause of Death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,) ~~Heart~~

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial. Dec 2d/82

Undertaker, J E Kavanaugh & Co

Place of Business, *Address,* 322 Hollins

J. McShane M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61815 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria S. E. Smith

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 63 *Years,* 8 *Months,* 12 ~~18~~ *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Norfolk Virginia

Duration of Residence in the City of Baltimore, Since a child

Place of Death, { Give street and Number. } No 44 East Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of the stomach

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Dec 3rd 82

Undertaker, Fry & Fry

Place of Business, 711 Pennsylvania Ave

David V Moyer M. D., Medical Attendant.

Address, 170 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61876 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Killeen

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 33 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Wife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, { Give street and Number. } ~~Phthysis Pulmonalis~~ 47. Penn St

Cause of Death, First, (Primary,) Phthysis Pulmonalis

Second, (Immediate,) — de Exhaustion

Duration of Last Sickness, about 3 months off & on

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Dec 3d 1882

Undertaker, S. Lewis Schaefer

Place of Business, 109 N. Fremont

G. A. Dohme M. D., Medical Attendant.

Address, 862 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 61877

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Isaacs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} S W. Corner Edmondson Ave & Carey St

Cause of Death, First, (Primary.)

Second, (Immediate.) Bleach Disease

Duration of Last Sickness, 1 minute

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 3d 1882

Undertaker, H. Lorenz Schaefer

Place of Business, 109 N Fremont

Penbrook M. Humble M.D.,
Medical Attendant.

Address, No 245 N. Louden Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Sp... ...Certificate.

Board of Health, City of Baltimore,

Permit No. 61878 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 2 1882

CERTIFICATE OF DEATH.

Date of Death, December 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Müller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 121 Ray st

Cause of Death, First, (Primary,) Cancer of Bladder

Second, (Immediate,) Prostration

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, December 3.

Undertaker, B. Neale

Place of Business, 42 West St.

C. L. Endelentin M. D., Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special ... of Physicians is Respectfully invited to the ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61879 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Weckesser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Nineteen *Years,* Two *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Store Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 67 S. Fremont St

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Asthenia

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, December 3. 1882 B. F. Phillips M. D.,

Medical Attendant.

Undertaker, Philip S. Dice

Place of Business, 183 Columbia Av. *Address,* 327 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61880 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 2 1882

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Kel

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 43 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 325 E. Chase St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 18 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 3. 1882

Undertaker, Wm. H. Hickman.

Place of Business, 234 N. Gay St.

Wilmer Brinton M. D.,
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Th[illegible]

Board of Health, City of Baltimore,

Permit No. 61881 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec the 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addel Turner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 107 S Caroline St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) heavy cold

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, E[illegible] Cem.

Date of Burial, Dec 2d

Undertaker, W Coleman

Place of Business, ...

Geo. N. Dawson M. D.,
~~Medical Attendant~~

Address Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61882 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Clara Tolbach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} # 272 N. Central Ave.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Effusion

Duration of Last Sickness, one week.

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Dec. 3, 1882

Undertaker, Henry Hoult

Place of Business, 389 Central Ave

Geo. A. Hartman M. D.,
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Memoranda Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61883 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1882 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rose Moller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Six (6) Months, Twenty (20) Days,

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 787 N. Central Ave

Cause of Death, First, (Primary,) Eclampsia

Second, (Immediate,) —

Duration of Last Sickness, Several hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, Decem 2 1882

Undertaker, Henry Hook

Place of Business, 309 Central Ave

J. W. Feldner M. D.,
Medical Attendant.

Address, E of Eager Carolina Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61884 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Campbell.

Sex, Male or Female, {Cross out the word not reqnired in this line.} Male

Age, 41 *Years,* — *Months,* — *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and number.} 36 Hare St. Canton

Cause of death, First, (Primary,) Consumption,

Second, (Immediate,) asthenia

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec. 3d 1882

Undertaker, W. Saunders & Son

Place of Business, 252 Eastern ave

Jno. S Lynch M. D., Medical Attendant.

Address, 18 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61885 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE DEC 2 1882

Date of Death, Dec 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} V. J. Hubert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and Number.} No 113 Dunkirk

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 3/82

Undertaker, J. Frazier

Place of Business, Cor Wolf & Bank *Address,*

J. H. Duffy M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

Permit No. 61886

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decem 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence E. Seymour

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 15 *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.} — — —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 213 Hamburg St

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.) Chronic Pneumonia

Duration of Last Sickness, 53 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 3

Undertaker, H Koss

Place of Business, 25 Lombard St

E. B. Noble M.D.,
Medical Attendant.

Address, 53 Hanover av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of

Board of Health, City of Baltimore,

Permit No. 61887 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 5 1882 BALTIMORE

Date of Death, Dec. 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Ann Watkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty five *Years,* One *Months,* Four *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annamundel County Md.

Duration of Residence in the City of Baltimore, Fifty-three

Place of Death, {Give street and Number.} 298 N. Howard

Cause of Death, First, (Primary.) Congestion of Lung

Second, (Immediate.)

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial London Park

Date of Burial, Dec. 3rd " 1882

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,*

C. E. Linthicum M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 6188

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Rose

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 132 S Castle St.

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery

Date of Burial, Dec. 3d

Undertaker, G. France

Place of Business, Bank & Wolfe Sts *Address,* 123 Park Ave

A. Lucas Tuck M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61889 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 2 1882

CERTIFICATE OF DEATH.

Date of Death, Decr 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* .... 2 *Months,* ..... *Days,*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and Number.} 16 Courtland St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Laurel Century

Duration of Last Sickness, — Laurel Century

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 3/1882

Undertaker, Wm H Bishop

Place of Business, 11 Druid Hill Ave

J. G. Connolly M. D.,

Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6790 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 6 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 12. 1. 82.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Malinda Saurman

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 85 *Years,* ——— *Months,* ——— *Days,*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Harford Co., Md.

Duration of Residence in the City of Baltimore, 83 years

Place of Death, { Give street and Number. } 112 Vine

Cause of Death, First, (Primary,) Age

Second, (Immediate,)

Duration of Last Sickness, 4 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 4 1882

Undertaker, G W Chase

Place of Business, 106 E Lanvale St

H M Cushman M. D.,
Medical Attendant.

Address, 849 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 61891 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Jordan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Josephine St (Mrs Butlers)

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 4 Barangers court

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Church

Date of Burial, Dec 3 1882

Undertaker, J W Chase

Place of Business, 198 Howard

Alexander Insley M. D.,
~~Medical Attendant~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6892 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 3 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, Col

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and Number.} 130 Sarah Ann St

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Apnoea

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shard Hill

Date of Burial, Dec 4 1882

Undertaker, S McClure

Place of Business,

W W Antisell M. D.,
Medical Attendant.

Address, 172 Granby St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6193 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 3 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec. 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Amend

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Six *Months,* 12 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and Number.} 197 Eastern Ave.

Cause of Death, First, (Primary,) Bronchio-Pneumonia Croup

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Set Alfonsus Cemetery

Date of Burial, Dec 4th 1882

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

D. L. Mustin M. D., Medical Attendant.

Address, 7 S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 61894 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 3 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 20. December 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Dauc

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} Banks Street 1414.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Angina maligna

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec 4th 1882

Undertaker, L. Ritz.

Place of Business, 229½ S. Broady

William Hunck M. D., Medical Attendant.

Address, S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6195 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 3 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Meister

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 — 4

Place of Death, {Give street and Number.} 26 Pawlney st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 4. 1882

Undertaker, Philipp S. Dill

Place of Business, 183 Columbia Av

Chas Ellis M. D., Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6192

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH 1882

Date of Death, Dec 2d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* —— *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md 2 Charles St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Md 2 Charles St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 3

Undertaker, H Ross

Place of Business, 95 Conway St

Jas. H. Duncan M.D.,
Medical Attendant.

Address, 1 E Lexington St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6197 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED
DEC 3 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Aug. H. Holz

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 8 *Years,* 6 *Months,* *Days,*

Color, whit

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bald. city

Duration of Residence in the City of Baltimore, 1

Place of Death, { Give street and Number. } 26 Shakespeare St.

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemetary

Date of Burial, Decemb. 3.d

Undertaker, Leonhard Kurz

Place of Business, 227 S Bond St.

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 61898 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 3 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 22 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 247 William St

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Met Christ Cem

Date of Burial, December 3rd 1882

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,* 76 Stiles St

J H Emmey M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

9

Permit No. 61899

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 3 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah A Butler

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 53 Hanover st

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) .....

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Dec 4

Undertaker, Wm. J. Tickner

Place of Business, 68 S Eutaw st

H. H. Nevitt M. D.
Medical Attendant.

Address, 71 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61906 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 2 18 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Hibeck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 8 Pine St

Cause of Death, First, (Primary,)

Second, (Immediate,) Hanging

Duration of Last Sickness, 2 weeks been very low & feeble

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec. 4 1882

Undertaker, J. Blood

Place of Business, 707 W Balto St

Alexander Tinsley M. D.,
Medical ~~Attendant~~.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attend...

Board of Health, City of Baltimore,

Permit No. 61901 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 3 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Young

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 2 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 108 Druid Hill Ave.

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 3rd 1882

Undertaker, Wm. F. Bishop

Place of Business, 97 O. Hillman

J. A. Gillis M. D., Medical Attendant.

Address, 156 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61902 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Custer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 190 Columbia Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, December 4th 1882

Undertaker, Geo. Heimbach

Place of Business, 359 W. Baltimore St.

D. L. Gudgeon M. D., Medical Attendant.

Address, 166 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention

Board of Health, City of Baltimore,

Permit No. 61903 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Albert Sheeny

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 11 *Years,* 4 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } No 4 Robinson St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, about 48 hours

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Dec. 3. 1882

E. I. H. Mears M. D.,
Medical Attendant.

Undertaker, H. Sander Son

Place of Business, 202 Canton Ave Address, 532 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully ...

15 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Bischoff

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 2 years 9 months 21 d

Place of Death, {Give street and number} 177 S Shert

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 21st 1882

Ellis Mitchell M. D.
Medical Attendant.

Undertaker, Ernst Schlosser

Place of Business, 200 Aisquith St *Address,* 15 & Short n

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 61765 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brühlman,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 26 *Days.*

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Co. Md

Duration of Residence in the City of Baltimore, Sweet 6 -

Place of Death, {Give street and number.} 492 Penna Avenue

Cause of death, First, (Primary,) Capillary Bronchitis -

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 days -

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Dec 5th

Undertaker, Walter Emmert

Place of Business, 315 W. Biddle

L. Bickert, M. D.,
Medical Attendant.

Address, 320 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 61906 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Cooney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 14 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 32 North st

Cause of Death, First, (Primary,) Diptheria Malignan

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Met. Olivet Cem

Date of Burial, December 5th 1882 A. W. Cothran M. D.,

Undertaker, Wm. J. Tickner Medical Attendant.

Place of Business, 65 S. Eutaw *Address,* 343 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 6197 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 Dec 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Hawkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number. } 175 Vincent alley

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, Dec 5 1882

Undertaker, William Bayne

Place of Business, 62 East Pr

Wm H Warner M. D.,
Medical Attendant.

Address, Pratt & Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ...

Board of Health, City of Baltimore,

Permit No. 61908 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 3, 1892 BALTIMORE

Date of Death, Dec 3/92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Dillon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and Number.} 1324 Ramsey St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis of Brain

Duration of Last Sickness, Two or Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Dec 4th 92

Undertaker, Wathen Bodurtha

Place of Business, 227 Eutaw St.

A. L. Price M. D.,
Medical Attendant.

Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61909 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 63 *Years,* *Months,* *Days,*

Color, Colrite

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and Number.} 24 S. Carey St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) 5 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec. 5th 82

Undertaker, Matthew Cadogan

Place of Business, 227 Hillsdale St

[redacted] M. D.,
Medical Attendant.

Address, 513 Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to [illegible]

Board of Health, City of Baltimore,

Permit No. 6190 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3d, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 1 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 1914 S Bethel St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec. 5 1882

Undertaker, [illegible] Eurtz

Place of Business, [illegible] Bond St. } *Address,* [illegible]

John H Kellogg M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully called to the Order on this Certificate.

Board of Health, City of Baltimore,

Permit No. 6191 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2nd 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bree

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Fifty *Years,* One *Months,* *Days,*

Color,

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty four years

Place of Death, {Give street and Number.} 120 S. Frances st

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Malarial Fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park lot

Date of Burial, Dec 5th 1882

Undertaker, Wm Schaefer

Place of Business, No 150 Lemmon

J Tyler Smith M. D., Medical Attendant.

Address, 221 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] and to the [illegible] of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 61912

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Stuart Symington

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 9 *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} No 229 N Charles St

Cause of Death, First, (Primary) Chronic Disease of Brain

Second, (Immediate.) Atrophy of Disease - (Paralysis)

Duration of Last Sickness Paralysis (general) since Aug: 1882. Total Deafness over nearly 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 5th Dec. 1882

Undertaker, H.W. Jenkins & Sons

Place of Business, 75 N. Charles

Riggin Buckler M.D.,
Medical Attendant.

Address, 135 N Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Take Special Attention of

Board of Health, City of Baltimore,

Permit No. 61983 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED DEC 5 1892 REGISTRAR'S OFFICE BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Brandaier

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, —— *Years,* 5 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number. } N 204 Frederick Av.

Cause of death, First, (Primary,) Broncheitis complicating & following Erysipelas

Second, (Immediate,) Convulsions from probable Effusion & Intestines

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, The 5 December

Undertaker, John O Parlett

Place of Business, No 66 Frederick Ave. *Address,* Carroll P. O. Balto Co.

Jno. S. Holliday M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

Permit No. 61914 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beulah Starkey

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* 8 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 549 E. Fayette st.

Cause of Death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) Uraemia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Dec 4/82

Undertaker, Fry & Son

Place of Business, 61 W Broadway

G. Glanville Lusk M. D., Medical Attendant.

Address, Balt. & Mass. sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Phy...

Board of Health, City of Baltimore.

Permit No. 61915 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Hayward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation, Midwife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 396 Orleans St.

Cause of death, First, (Primary,)

Second, (Immediate,) Bronchitis

Duration of Last Sickness, About 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 4 82

Undertaker, Fry & Son

Place of Business, 81 N Broadway

J. Hollander M. D.,
Medical Attendant.

Address, 369 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

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Permit No. 61916

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Hooper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 383 Virginia Ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Dystemper

Duration of Last Sickness, 1 Wk

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Dec 5

Undertaker, Andrews & Hodges

Place of Business,

Chas E Judd *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physi...

Board of Health, City of Baltimore,

Permit No. 6197 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd 1882 2 oclk A M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel McDonald

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 43 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Fireman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 12 Harrison St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial. Dec 4 1882

Undertaker, Jas L Byrne

Place of Business, 63 Hanover

A Gryphertzer M. D.,
Medical Attendant.

Address, 11 S. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention o...

Board of Health, City of Baltimore,

Permit No. 61918 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 4 1882 BALTIMORE

Date of Death, Dec 3/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Martin

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 75 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 506 Franklin St

Cause of Death, First, (Primary,) Paralysis. Right side

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec. 5th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 188 Franklin St.

J. H. Miller M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

Permit No. 61919 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd/12

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. H. Indiaas

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 51 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Harford Co. Md

Duration of Residence in the City of Baltimore, 46 years

Place of Death, { Give street and Number. } 221 Gay St

Cause of Death, First, (Primary,) Chronic Dysentery

Second, (Immediate,) .....

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial. New Cathedral Cem

Date of Burial. Dec. 5/12

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 220 Mulberry

..... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61720

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irvi H Abt

~~*Sex,*~~ *Male* ~~*or Female,*~~ {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

~~*Color,*~~ White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years 8 months

Place of Death, {Give street and number} 198 Eastern Avenue

Cause of Death { First, (Primary,) Diptheria
, { Second, (Immediate,)

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St Johnsons C.

Date of Burial, Dec 4th 1882

Undertaker, Geo. Ritz

Place of Business, 129½ S. Broadway

S. N. Martin M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 6/921 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Mathews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 5 Pine al

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 5 Pine al

Cause of Death, First, (Primary,)

Second, (Immediate,) Sore throat

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, Dec 4th 1882

Undertaker, Danl H Chase

Place of Business, 191 S Howard

Alexander Tinsley M. D., Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61922 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decem 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dolly Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 23 Back St

Cause of Death, First, (Primary,) Carcinoma

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 5th 1882

Undertaker, Samuel McShane

Place of Business, 178 E. Hudson St

D. Sheehy M. D.,
Medical Attendant.

Address, 170 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible] on the back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61923 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Dohan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2744 S Bond

Cause of Death, First, (Primary,)

Second, (Immediate,) Starvation

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 4

Undertaker, Geo Dohan

Place of Business,

Geo. W. Brown M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blue Provisions on Page 3 of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61924 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 10 30 A.M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Obenka

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 236 S. Dallas

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) .....

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Schwartz

Date of Burial, Dec 4

Undertaker, J Bauder

Place of Business, ...

James E Dunn M. D.,
Medical Attendant.

Address, 196 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61926 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris F. Armstrong

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 5 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Student

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City & Balto County

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 156 N. Caren

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Galloping Consumption -

Duration of Last Sickness, 5 Weeks (5)

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 15 December 5/82

Undertaker Armstrong & Denning

Place of Business, 263 Light

Geo. B. Reynolds, M. D.,
Medical Attendant.

Address, 1712 Covert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 61726 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Bandue

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Dyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} No 37 S Bond st

Cause of death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 5

Undertaker, W Dysel

Place of Business, 1510 Bond

J. Ridgway Andre M. D.,
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ...

Board of Health, City of Baltimore,

Permit No. 61927 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec, 4th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Wells

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 154 S. Regester St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) .....

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 5th 1882 *John A. Kehlenger* M. D.,

Medical Attendant.

Undertaker, H. Sauerbier & Son

Place of Business, 252 Canton Ave, *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6198 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Diggs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 192 Park ave Carlyle st

Cause of Death, First, (Primary,) [redacted]

Second, (Immediate,) Chronic Hepatitis

Duration of Last Sickness, [redacted] 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Dec 5

Undertaker, J McGinnis

Place of Business,

Alexander Finley M. D.,
~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16 6929

Board of Health, City of Baltimore,

Permit No.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Einwalz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 8 11 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death. {Give street and number.} 41 Penn St

Cause of Death, First, (Primary.) Senile debility & old age

Second, (Immediate.) a " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 5th 1882

Undertaker, Geo Leimbach

Place of Business, 389 W. Pratt St

[illegible] Bell M.D.,

~~Medical Attendant~~ Coroner & Phys'n

Address, 161 E Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 61720 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Warren Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 9 *Months,* 27 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Entire

Place of Death, { Give street and Number. } 1539 Eastern Ave

Cause of Death, { First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 2 Days

At the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 6th 82

Undertaker, G. France

Place of Business, Bank & Holliday *Address,* 644 W. Baltimore

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61731 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th. December 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Sacup

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, 3 *Years,* 4 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, { Give street and Number. } Frances St. 97.

Cause of Death, First, (Primary,) Variola.

Second, (Immediate,) Angina maligna

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Frances Cem

Date of Burial, Dec 4 '82

Undertaker, G. Krance

Place of Business, Park & Mott *Address,* S. Wolfe & Ms

William Henkel M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 61932 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d December 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Ruth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} "

Age, 2 *Years,* 4 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} Boston street 21.

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Dec 4th 82

Undertaker, G. Franc

Place of Business, Pants & Mc[illegible] *Address,* S. Wolfe & 117.

William Henkel M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61933 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Cer[illegible]

HEALTH DEPARTMENT, DEC 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec 4

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Cluss

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 138 Lancaster st

Cause of Death, First, (Primary,)

Second, (Immediate.) Variola

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. Greenmount

Date of Burial. Dec 4

Undertaker, Grau Co

Place of Business,

M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Jas E. Fitzpatrick
Sanitary Inspector

Call Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 9734 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hartley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 70 *Years,* 3 *Months,* 21 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} 39 Edmondson ave

Cause of Death, First, (Primary,) Chronic Softening of the Brain

Second, (Immediate,)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Dec 6th 1882

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

Jos E Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Permit No. 61935

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 2d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Blair

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 — *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First, (Primary.) Phthisis Pulm—

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, E. Pleasant

Date of Burial, Dec 4

Undertaker, M Coleman

Place of Business,

S. V. G. Stoopman M.D.,
Medical Attendant.

Address, St. Josephs Hosp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Requested.

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Board of Health, City of Baltimore.

Permit No. 61936

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 3-82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edmunds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 8 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First, (Primary.) Locomotor Ataxia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Ft Lincoln

Date of Burial, Dec 4

Undertaker, M Coleman

Place of Business,

W. G. Stoltzman M.D.,
Medical Attendant.

Address, St Joseph's Hosp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physician is Respectfully

Board of Health, City of Baltimore,

Permit No. 61937 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schurz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 8 *Months,* 24 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} Dock - Opposite Ellicott Mills -

Cause of Death, First, (Primary,) Monomania

Second, (Immediate,) Suicide by drowning

Duration of Last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 5th

Undertaker, B. Glenk

Place of Business, 82 West St

C. A. Bell M. D.,
Medical Attendant.

Coroner

Address, 661 So Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 61938 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 4 1902

Date of Death, Dec 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Glasser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 1 *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Lifetime

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} [illegible]

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec. 6th

Undertaker, W. Dippel

Place of Business, [illegible] *Address,* [illegible]

[illegible] *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physi... to back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61989 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hezian Cross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 89 *Years,* 1 *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and Number.} 76 Harford av.

Cause of Death, First, (Primary,) Senility

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial. Dec. 5, 1882

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bond

Geo. A. Hartman M. D.,
Medical Attendant.

Address, 305 S. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Back of this Page.

Board of Health, City of Baltimore,

Permit No. 61940 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Hurley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} —

Age, 5 *Years,* 5 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 470 E. Chase St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial. Dec 6 82

Geo. W. Dixon M. D.,

Medical Attendant.

Undertaker, Fry & Son

Place of Business, 81 N. Broadway *Address,* Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo E Bruce
Inspector

The Special Attention of Phys...

Board of Health, City of Baltimore,

Permit No. 61744 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decbr 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Andres

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Nine (9) *Months,* — *Days,*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and Number.} 48. Harford Ave

Cause of Death, First, (Primary,) Scarlatina & Diphtheritis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loleers Cemetery

Date of Burial, Decbr 5 1882

I. W. Slaer M. D.,
Medical Attendant.

Undertaker, Henry Heath

Place of Business, 39 Central ave Residence 48 Harford Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6442 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decbr 2d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Franz Schott

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 83 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, { Give street and Number. } No 1. Abbott st

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) — — — —

Duration of Last Sickness, — — — —

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Dec. 6th 1882

Undertaker, Adam Fink

Place of Business, 414 N. Gay st

C. W. Stout M. D.,
Medical Attendant.

Address, Corner Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61943 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Minkiewski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 103 Lancaster St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, Dec 5 1882

Undertaker, John Kenney

Place of Business, 382 Orleans St

John H. Kellogher M. D.,

Medical Attendant.

Address, 243 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Phy...

Board of Health, City of Baltimore,

Permit No. 61944 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 5 1882 BALTIMORE

Date of Death, December 4, 1882.

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Elizabeth Hall

Sex, ~~Male or~~ Female, (Cross out the word not required in this line.)

Age, Sixty four *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, (Cross out the word not required in this line.)

Occupation, Honey Wife

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Chambersburg, Pa,

Duration of Residence in the City of Baltimore, Nine years

Place of Death, (Give street and Number.) # 303 Hollins St.

Cause of Death, First, (Primary,) Nervous Shock following operation for Strangulated Hernia

Second, (Immediate,) Operation Successful in relieving Stricture Dr A.P. Smith operated Dec 2 - 82.

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial Hagerstown Md.

Date of Burial, Dec. 6 1882

Undertaker, J.B. Cook

Place of Business, 707 W Balto St. *Address,* 584 W Fayette St.

L. A. Gudheim M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blanks on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61945 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 3 1882 HEALTH DEPT. BALTIMORE

Date of Death, Dec 3rd 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Walker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 57 Walker Ab

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup Inflamation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial. Dec. 5th 1882

Undertaker, Th. J. Dill

Place of Business, 1711 183 Columb. Address, 168 Pratt

Jno. D. Blake M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61946 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 5 1862 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th - 1862.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary -

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 21 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant asylum, Marsman's

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 5/62

Undertaker, Pat. Hunt.

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av, Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61747 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Barnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 132 N Eden St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Asthma

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 5th

Undertaker, Chas E White

Place of Business, 35 Franklin St

Daniel F Powell M. D., Medical Attendant.

Address, No 29 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules of Decease on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6194 8 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Miles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 2 Yrs.

Place of Death, {Give street and Number.} 51 Raborg St.

Cause of Death, First, (Primary,) Organic Dis. Heart.

Second, (Immediate,) Dropsy

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Shamp's M. Cemetery

Date of Burial, Dec 5 1882

Undertaker, A Hemaly

Place of Business, Woodland Ave

A. E. Lee M. D.,
Medical Attendant.

Address, 235 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61949 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 5 1892 BALTIMORE

Date of Death, Saturday Dec 2nd 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Moore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days,*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadpa

Duration of Residence in the City of Baltimore, Nursing life

Place of Death, {Give street and Number.} No 3 Doris Court

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, Six Months

All the above Information should be furnished by the Physician.

Place of Burial, Mark Cemetery

Date of Burial, Dec 5-

Undertaker, John H Cowen

Place of Business, No 225 S Howard Street

J H Nelson M. D.,
Medical Attendant.

Address, Walker & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 61960 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Murphy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 2 *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ayrshire Scotland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} cor St Mary's & Eden Sts

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) deposit of tubercle in the brain

Duration of Last Sickness, about 3 mos

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 6th 1882

Undertaker, Chas J Scriven

Place of Business, 271 W Lexington St

Wm A Moale M. D.,
Medical Attendant.

Address, 152 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 1951 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 5 1882 BALTIMORE

Date of Death, Dec. 3d. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ross Hewell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 145 Preston St.

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of Last Sickness, About 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gem

Date of Burial, Dec 6th 1882

Undertaker, Chas T Lawson

Place of Business, 271 N Eutaw St

Eldridge C. Price M. D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61952 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } W.W. Butler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 *Years,* ..... *Months,* ..... *Days,* 1

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Clerk in Boy Store

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, { Give street and Number. } 76 Park Ave

Cause of Death, First, (Primary,) Pistol shot wound

Second, (Immediate,) Passed through the heart and the bullet was done by her own hand

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Prince Georges Co. Md

Date of Burial, 5th Dec. 1882

Undertaker, H.W. Jenkins & Sons

Place of Business, 75 N. Charles

H. Conley M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore,

Permit No. 6195 3 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Lanner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* ~ *Months,* ~ *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} Philadelphia Road

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, E. R. Cemetery

Date of Burial, Dec 3/82

Undertaker, M. Coleman

Place of Business, Central

Geo. N. Denson M. D., Medical Attendant.

Address, Dr. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Physician

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61954

Office of Registrar of Vital Statistics. 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 5 1882

Date of Death, 4th December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Evrist

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 91 *Years,* 11 *Months,* *Days.*

Color, Whit

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, retired

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 55 yrs.

Place of Death, {Give street and number.} 377 E. Fayette St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park Cemetery~~ Baltimore Cemetery

Date of Burial, December 6. 1882.

Undertaker, Wm. H. Huckeman

Place of Business, 234 W. Gay St.

H. W. Owings *M.D.,*
Medical Attendant.

Address, 48 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See following document

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

61954 **Board of Health, City of Baltimore,**

Permit No. [redacted] *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 5 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Everest.

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 91 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Coopers

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hartford Co. Ind,

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and Number.} # 377. E. Fayette St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness, about 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto, cemetery,

Date of Burial, Dec 6th

Undertaker, W. Dieleman

Place of Business, N. Gay St

Wm H. Norris M. D.,
Medical Attendant.

Address, 154. E Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61965 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 5 1882

Date of Death, December 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. W. Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Secretary

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 156 W Biddle St

Cause of Death, First, (Primary,) Suicide

Second, (Immediate,) Pistol shot wound in head.

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 6th 1882

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

Alexander Finley M. D.,

Medical Attendant

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61956 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 5 1882 BALTIMORE

Date of Death, 4th Dec 4th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jos A Bickum

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 3 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 266 S Howard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Washington Road B.C.

Date of Burial. Dec 5th 1882

Jno D Blake M. D.,
Medical Attendant.

Undertaker, John S Mackey

Place of Business, No 151 Cash Address, 16 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6957 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEC 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lazarus Hartberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 71 N. Hyde St

Cause of Death, First, (Primary,) Cut his throat with

Second, (Immediate,) a Butcher Knife

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hanover St Cemetery

Date of Burial, December 6 H. Gunnett M. D.,

Undertaker, W. Eitau Medical Attendant.

Place of Business, 410 Lytchight Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Phys... respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 61958 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 5 1882

CERTIFICATE OF DEATH.

Date of Death, 7 P M Monday Dec 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh. McCall

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Mall

Age, 63 *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Chemist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years ✓

Place of Death, {Give street and number.} 197 Hudson St

Cause of death, First, (Primary,) Malaria

Second, (Immediate,) General prostration Formation. Old age

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic

Date of Burial, Dec 6 1882

Undertaker, H F Curren

Place of Business, 33 Fountain

J E Prichard M. D.,

Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61959 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Johnson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 54 *Years,* — *Months,* — *Days,*

Color, C

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dont Know

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and Number. } 6 Wayne Ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Apnoea

Duration of Last Sickness, 6 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 6th 1882

Undertaker, Samuel Shaer

Place of Business, 190 Hanover *Address,* 34 3d Medical Attendant W. H. Colburn M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. And to Blank [illegible]

Board of Health, City of Baltimore,

Permit No. 61960 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Hunsin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 9 *Months,* 20 *Days.*

Color, Colored

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 134 N. Caroline St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Cornell

Date of Burial, Dec 6th 1882

Undertaker, Samuel Chase

Place of Business, 198 E. Hoard

Edwd. P. McDevitt M. D.,
Medical Attendant.

Address, 37 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61961 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Cole

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 308 N. Durham

Cause of Death, First, (Primary,) Pseudo Membranous Laryngitis

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 5 Days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 6th 1882

Undertaker, W. J. Madden

Place of Business, 46 East Pr.

G. F. Cluyton M. D.,
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keeper of ... for Burials, to the Office whence issued ... below, and to ...

The Special Attention of Physician ... special ...

Board of Health, City of Baltimore,

Permit No. 61962 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Chaires-

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia-

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 Wales Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Burns-

Duration of Last Sickness, 8 or 9 hours

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemy

Date of Burial, Dec 3/1882

Undertaker, Jno A Eschner

Place of Business, 50 S Carrollton Ave

Alexander Tinsley M. D.,
~~Medical Attendant.~~
Coroner
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Those on the Back of this Certificate.

17 6163

Permit No.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age About 35 or 40 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or Country and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} In Basin

Cause of Death, First, (Primary.) " Accidental drowned

Second, (Immediate.) " "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, Dec. 3/1882

Undertaker, Fred A Koehler

Place of Business, 50 S. Caroll Ave.

E. L. Bell M.D.,

~~Medical Attendant.~~

Coroner 5th Dist

Address, 161 Stevens St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6/1964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/1964 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Sandsberg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* *Days,*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 68 N Front St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 6/1882

Undertaker, Jas O Byrne

Place of Business, 632 Myrn

H. Whitson, M. D.
Medical Attendant.

Address, 257 Mul Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

for Burials, to the Clerk who [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61765 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Heinlein

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, One *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 302 East St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Small Pox

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 6

Undertaker, W Eckhardt

Place of Business,

J. R. Welty M. D.,
Medical Attendant.

Address, 157 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

for Burials, to the Office [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61966 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adamson, Susan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days,*

Color, Col

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Island, Queen Anns Co, Md

Duration of Residence in the City of Baltimore, about 18 years

Place of Death, {Give street and Number.} 40 Loughes ln

Cause of Death, First, (Primary,) Phthisis Pulmonum

Second, (Immediate,) Hemorrhages from Lungs

Duration of Last Sickness, About 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, December 6 1882

Undertaker, Wilmot & Dingee

Place of Business, 62 East St

John Monroe M. D.,
Medical Attendant.

Address, 238 Monument
N. E. Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61967 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 6 1932 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 5'

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kennedy

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 5 *Months,* 7 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, child

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 22 Hillen St

Cause of Death, First, (Primary,) dont know (Natural causes)

Second, (Immediate,) " "

Duration of Last Sickness, " "

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial. Dec 6

Undertaker, P Kennedy

Place of Business, ... *Address,* ...

Dr Sweet M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 61968

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 11 Oclock A.M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fancy Heinrichs

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 44 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cumberland - Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 447 W Lexington Street

Cause of Death First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 7th 1882

Undertaker, Jos S Cook

Place of Business, No 707 W Baltimore Street

P. S. Field M. D.
Medical Attendant.

Address, 507 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Form.

Board of Health, City of Baltimore,

Permit No. 61969 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Sturm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* One week

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Four days

Place of Death, {Give street and Number.} # 42 N. Mount St.

Cause of Death, First, (Primary,) Imperfect Development

Second, (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial Louden Park cemetery

Date of Burial, Dec 6 th 1882

Undertaker, Geo B Cook

Place of Business, No 707 N Baltimore Street *Address,*

J. G. Sutheim M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and ... Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61778 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles James Webb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 7 *Months,* — *Days.*

Color, White

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Manufacturer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 319 Druid Hill Ave.

Cause of death, First, (Primary,)

Second, (Immediate,) Apoplexy.

Duration of Last Sickness, About 15 minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 7th Dec. 1882

Undertaker, H.W. Jenkins & Son

Place of Business, 75 N. Charles

H. J. Goldsborough, M. D.,
Medical Attendant.

Address, 820 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries

The Special Attention of Physicians is Requested to the Office whence issued [illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6/971 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 11 Upton St.

Cause of death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 7th 1882

Undertaker, E. John E. Mongh & Co

Place of Business, 320 Penn Ave *Address,* Fremont & Fremont Sts.

W. Gay Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City ... Office whence issued ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61972 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennet Douglas

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 6 Sterling

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Dec 7th 1882

Undertaker, [illegible]

Place of Business, [illegible]

E C Baldwin M. D.,
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore for Burials, to the Office whence issued Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61973 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kattenhorn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 291 S Wolfe

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cem

Date of Burial, Dec 6 1882

Undertaker, M Coleman

Place of Business,

Geo. H. Dixon M. D.,

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

for Burials, to the Office whence issued, Saturday [illegible] No. 11712

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61774 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Blanche Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 148 N. Strieker St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria.

Duration of Last Sickness, 5 days.

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Dec 7th

Undertaker, Geo Schilling

Place of Business,

Geo. W. Benson M. D.,
Medical Attendant.

Address, Cor. G & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Atten... ...back of this Certificate.

1875

Board ... Health, City of Baltimore,

Permit No. 61975 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ December 6. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Strusbe

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 298 S Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 14 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Co. } Theodore Bruce M. D.,
Date of Burial, Dec 7 } Medical Attendant.
Undertaker, B. Mush } Address, 146 Hanover St.
Place of Business, 82 West St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 1 9 7 6 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5. 1882 DEC 5 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Belle Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} # 44 E. Townsend St.

Cause of Death, First, (Primary,) Puerperal peritonitis

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec. 7th 1882

Undertaker, Denny & Mitchell

Place of Business, 556 W. Fayette St. *Address,* # 303 N. Caroline St.

Geo. A. Hartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 1882

Date of Death, Decem. 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Shipley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 — *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 weeks

Place of Death, {Give street and number.} 200. Arlington Ave —

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 4. days —

All the above information should be furnished by the Physician.

Place of Burial, Anna Rundle county Daniel H. Henry M. D.

Date of Burial, Decmber 7th 1882 Medical Attendant.

Undertaker, Denny & Mitchell *Address* 160. N. Howard St

Place of Business, 650 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 61978 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 1882

Date of Death, Dec 5 / 82

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm H. Wilson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 5 *Months,* — *Days,*

Color, col

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } China Alley & Fremont St

Cause of Death, { First, (Primary,) / Second, (Immediate,) } Small Pox

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Dec 6 / 82

Undertaker, F. W. Kirchner

Place of Business, 57 S. Carrollton Ave

Geo. W. Penson M. D., Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Geo W Penson
Inspector

The Special Attention of Physicians is respectfully invited to the Memoranda Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61979 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 6 1882

Date of Death, Dec 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emiline P Hopkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 12 or 13 years

Place of Death, {Give street and Number.} 30 McCulloh St

Cause of Death, First, (Primary,) Cholera Morbus

Second, (Immediate,) Dysentery 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 6th 1882

Elias L. Price M. D.,
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attent

Board of Health, City of Baltimore,

Permit No. 61980 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Robertson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltd

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 273 Canton ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Variola

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Dec 7

Undertaker, Denny & McAleer

Place of Business,

Geo. W. Jones M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special A...

Board of Health, City of Baltimore,

Permit No. 61981 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 12 1932

Date of Death, Dec. 4 1932

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paulina Knoll

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 10 *Months,* 20 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1421 Druid Hill Ave

Cause of Death, First, (Primary,) Rheumatic Fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, December 7, 1932

Undertaker, Henry Koch

Place of Business, 1307 Eastern Ave *Address,* 2425 Baltimore

Frank Hollis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6782

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 7 1882 BALTIMORE

Date of Death, 6 December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna C. H. Dierson

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 42 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bremen. Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 8 Pine Street

Cause of death, First, (Primary,) Pneumonie. Early birth of a child

Second, (Immediate,) Weakness.

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Lowden Park

Date of Burial, 8 December 1882

Undertaker, Walther Immel

Place of Business, 915 W Biddle Street

Dr F Reinhard M. D.,
Medical Attendant.

Address, 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61983 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Dec 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Talbot

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 4 *Years,* 7 *Months,* *Days,*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co.

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give street and Number.} 20 Vincent Alley

Cause of Death, First, (Primary,) Naso-pharyngeal & Tracheal

Second, (Immediate,) catarrh. Edema

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Harpers Ferry

Date of Burial, December 7 1882

Undertaker, Wm. A. Leeper

Place of Business, 62 East Pratt

John Ford *M. D.,*
Medical Attendant.

Address, 322 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physi...

18 Board of Health, City of Baltimore

Permit No. 6 1984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 7 1882 BALTIMORE

Date of Death, dec 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lelia Belle Loyd

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ... 6 *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B C

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} S. Cairo st

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Stump St Cemetery

Date of Burial, December 7 1882

{ *Undertaker,* Wilson & Sons
{ *Place of Business,* 62 East St

J Harvey Hill M. D.
Medical Attendant.

Address, 119 E Hamilton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 17/6/1885

Board of Health, City of [illegible]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Arthur Smothey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, Colrd

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md & Chas Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Alley E. Chas St

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 7

Undertaker, Reese

Place of Business, 95 Conway St

Geo. R. Dixon M.D.,
Medical Attendant.

Address, 1 Hill St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Phys...

Board of Health, City of Baltimore,

Permit No. 61986 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decr 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Goldschmidt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 65 *Years,* 1 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Four years

Place of Death, { Give street and Number. } 118 N. Gay St

Cause of Death, First, (Primary.) Chronic Catarrh

Second, (Immediate,) Marasmus

Duration of Last Sickness, Five (5) years

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Decr 8th 1882

Undertaker, Wm Gibson

Place of Business, 181 Gough St

Geo. W. Blum M. D., Medical Attendant.

Address, 8 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61987 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OF BALTIMORE DEC 7 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H Clath

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Plumber & Gas Fitter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 3 Augusta St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Tubercular Laryngitis 1 year.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 7 1882

Undertaker, Geo Dyer

Place of Business, 6 & Holland

Edward R McDevitt M. D.,
Medical Attendant.

Address, 57 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ...

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Permit No. 6198

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 1882 BALTIMORE

Date of Death, December 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary N. Sanders

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 140 Odenan St

Cause of Death, First, (Primary.) Variola

Second, (Immediate.) Laryngitis & Pneumonia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Dec. 7th 1882

Undertaker, H. Sanderson

Place of Business, 252 Cantun Ave *Address,* 513 Eight St

O. A. Cooke M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 6989 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm E. Cornish

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md City

Duration of Residence in the City of Baltimore, 2

Place of Death, { Give street and Number. } 163 West

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 7, 1892

{ *Undertaker,* Samuel M. Frank

{ *Place of Business,* 45 S. Howard

R. H. Ellis M. D., Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Th: Special Attention of Physi...

Board of Health, City of Baltimore,

Permit No. 6190 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OFFICE OF REGISTRAR OF VITAL STATISTICS 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Hughes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 23 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 47 Lancaster St

Cause of Death, First, (Primary,) Cerebral Fever

Second, (Immediate,) " "

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 7th 1892

Undertaker, Samuel M. Kane

Place of Business, 1911 Pleasant

R A Bell *M. D.,*
Medical Attendant.

Address, 161 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of ...

Board of Health, City of Baltimore,

Permit No. 61991

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 7 1882 BALTIMORE

Date of Death, Dec 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Bella Matthias.

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 10 *Years,* 7 *Months,* 18 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 58 N. Poppleton St

Cause of death, First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, 14 Days -

All the above information should be furnished by the Physician.

Place of Burial, Western Cem...

Date of Burial, Dec 8 1882

Undertaker, Joseph B. Cook,

Place of Business, 707 Baltimore St

L. Dickert M. D.,

Medical Attendant.

Address, 520 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians [illegible]

9

Board of Health, City of Baltimore,

Permit No. 61992

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OFFICE DEC 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. D. M. Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, yellow

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 65 Park Ln.

Cause of Death, First, (Primary.) Burns.

Second, (Immediate.) Phthisis.

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 7th 1892

Undertaker, M F Jordan

Place of Business, 63 Park Ave

H. P. Mossan M.D.,
Medical Attendant.

Address, 1197 W Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Hooper

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 7 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 37 N. Chester St.

Cause of Death { First, (Primary,) Variola
Second, (Immediate,) Dr

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 7th 1882

Undertaker, N. F. Curran

Place of Business, 53 S. Broadway

J. Bacon M. D.
Medical Attendant.

Address, Cor Arlington Ave & Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is [illegible]

Board of Health, City of Baltimore,

Permit No. 61994 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate E. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} S. W. Cor of Forest & Eager Sts.

Cause of Death, First, (Primary,) Puerperal Fever & Mania

Second, (Immediate,) Exhaustion from high Temperature

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 7th

Undertaker, H. C. Micklefield

Place of Business, 90 Greenmount Ave Address, 25½ Greenmount Ave

Wilmer Denton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully ...

Board of Health, City of Baltimore,

Permit No. 61995 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Gaither

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 409 West St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec 8th 1882

Undertaker, Julius Koether

Place of Business, Sharpe Bros

Edward Gaither, M. D., Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 61996 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Seidel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 272 S. Ann St

Cause of Death, First, (Primary,) Trismus Nascentium

Second, (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, 5th Reformed Bla Cemetery

Date of Burial, December 8 - 8 o'clock AM

Undertaker, John Brown

Place of Business, 222 S. Bethel St

John H Kelbergen M. D., Medical Attendant.

Address, 2143 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Phy[illegible]

Board of Health, City of Baltimore.

Permit No 6997 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Julia Joynes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 301 Park Ave

Cause of death, First, (Primary,) Uraemia

Second, (Immediate,) Eclampsia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 7th 1882

Undertaker, John S Mosher

Place of Business, No 150 Camden

Wm Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to ...

Board of Health, City of Baltimore,

Permit No. 61998 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Keyser.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widowed*~~, *Widower*, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Teething.

Second, (Immediate,) Marasmus.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Dec. 7/82.

Undertaker, Pat. Hunt.

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks ...

Board of Health, City of Baltimore,

Permit No. 6[illegible]7 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Bergendorf

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} n Eden above Chase

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, about 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 7th 1882

Undertaker, Adam Fink

Place of Business, 461 N. Eagle

H A Warner *M. D.,*
Medical Attendant.

Address, 256 n Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

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Board of Health, City of Baltimore,

Permit No. 12000

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Garfield Melvin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, — *Years,* Six *Months,* Twenty-one *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 31 Warner St. Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 31 Warner St. Balto. Md.

Cause of Death, { First (Primary,) Measles, Second (Immediate,) Abscess of the brain 5 Weeks

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 8 1882

J. H. Simon M. D.
Medical Attendant.

Undertaker, ~~Armstrong and Clemens~~

Place of Business, Lemmer Light and Montgomery St

Address 27 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6001 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Garside

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seventy two *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Sixty five years

Place of Death, {Give street and Number.} # 426 Mount St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, About twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Fonden Park

Date of Burial, Dec 8 1882

Undertaker, C W Blizzard

Place of Business, 198 E Pen ave

A C Polo M. D.,
Medical Attendant.

Address, 201 North Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62002 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th Dec 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice A. Taylor.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 3 *Months,* 11 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Washwoman.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles County. Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 171 Vincent Street (2nd Wards)

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Pope Creek, Chas Co. Md.

Date of Burial, Dec. 9th 1882

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 N. Howard ave.

John H. Walker, M. D.,
Medical Attendant.

Address, 453 Lemmon Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62003 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 7 1882 BALTIMORE

Date of Death, Dec. 7-82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca E. Hurley

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, about 38 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern shore Maryland

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and Number.} 470 E. Chase st.

Cause of Death, First, (Primary,) confluent variola

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Dec 8

Undertaker, Boyd Bro

Place of Business,

Daniel M. D.,
Medical Attendant.

Address, 3 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62064 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1882

CERTIFICATE OF DEATH.

Date of Death, Thursday Dec 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara May Brank

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 3 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 303 Forest St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Hartstown Baptist

Date of Burial, Dec 8

Wilmer Brinton M. D.,
Medical Attendant.

Undertaker, H. L. Weidefeld

Place of Business, 92 Greenmount Ave Address, 25 1/2 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62005

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 7 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Olivia Tolley

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 183 S. Chester st

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria (Malignant

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 8th

Undertaker, N. F. Curran

Place of Business, 533 S Broadway

H. L. Locke M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore,

Permit No. 62006 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decbr 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Thienemann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 38 *Years,* 3 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Druggist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and Number. } N.W. Cor Eden and Gay Sts

Cause of Death, First, (Primary,) Melancholia

Second, (Immediate,) Suicide

Duration of Last Sickness, Six (6) weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Decbr 10th 1882

Undertaker, Adam Fink

Place of Business, 461 W Gay St

J. W. Eldrun M. D.,
Medical Attendant.

Address, N.E. Cor Eager & Caroline Streets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6207 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Shryock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Edinburg Va

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 155 McCulloh St

Cause of death, First, (Primary,) 1

Second, (Immediate,) Pneumonia

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Dec 8th 1882

Undertaker, STEWART & MOWEN, UNDERTAKERS, 86 Park Ave.

Place of Business,

J H Buttman M. D., Medical Attendant.

Address, 20 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 62088

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 8 1882 BALTIMORE

Date of Death, 7th Dec 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Norton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Lubec Al.

Cause of Death, First, (Primary.) Membranous croup.

Second, (Immediate.)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 9th 1882

Undertaker, Chas T Scriven

Place of Business, 211 N Eutaw st

Jno. A. Lay *M.D.,*

Medical Attendant.

Address, 25 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6200 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm J. Bunting

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 85 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 40 Years —

Place of Death, { Give street and Number. } 12 S. Stricker

Cause of Death, First, (Primary,) Inflammation of the Bladder

Second, (Immediate,)

Duration of Last Sickness, 10 days —

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Dec 9th 1882

Undertaker, Jos B Cook

Place of Business, No 707 N Gilmor Street

Edw. F. Nicholson M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 62018 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Larkin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 103 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and Number. } 482 Lexington

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Dec 8/82

Geo. R. I. Dorsey M. D.,

~~Medical Attendant.~~

Undertaker, Denis J. McTobin

Place of Business, 500 N. Fayette St. *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6288 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michl Byrne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 609 Bond St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of Lungs.

Duration of Last Sickness, Two & half days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec. 8th/82

H. L. Byrne M. D.,

Medical Attendant.

Undertaker, Matthew Badaracco,

Place of Business, 22 Hughes St. *Address,* 387 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62012 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Chase

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 7 *Years,* 6 *Months,* ..... *Days,*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Calvert Co. Md.

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and Number. } 1 Celina St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Rheumatism

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Shaft St. Cemetery

Date of Burial, Dec. 8

Undertaker, A Ross

Place of Business, 75 Conway St

L. M. Hall *M. D.,*
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 62-813 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Slade

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 7 *Months,* 23 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Colored

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 227 N. Central ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Heart Paralysis due to Insufficiency of the Circulation

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 8th 82

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

J. A. Whitford M. D., Medical Attendant.

Address, 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 62014 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1882

CERTIFICATE OF DEATH.

Date of Death, 8 December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Mina Dierfgen

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, — *Years,* — *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 8 N Pine Street

Cause of death, First, (Primary,) Not carried to full term.

Second, (Immediate,) Weakness

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemet.

Date of Burial, 8 December 1882

Undertaker, W. Tunnel

Place of Business, 315 W Biddle

Dr J Reinhardt M. D.,
Medical Attendant.

Address, 224 West Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

3 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1892

CERTIFICATE OF DEATH.

Date of Death, December 7 — 92

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Armilla Brown

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 81 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Her life time

Place of Death, { Give street and number } Home 2 Lombard Between Broadway

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 9 1892

Undertaker, H W Jenkins & Son

Place of Business, 45 E. Chas

F. F. Flack M. D.
Medical Attendant.

Address, 2 Lombard between Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And Be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

... CITY PRINTERS AND STATIONERS

Board of Health, City of Baltimore,

Permit No. 62116 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stanislaus Kotruski

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } Alice Ann, rear Wolf

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Spasm

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Leylinus

Date of Burial. Dec 8

Undertaker, G Frank

Place of Business, ...

Chas H. Brown M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

№ 62016

DEC 8 1902

Cause Death from of Death
Date of Death Dec. 7th 02
Name, Stanislaus Batinski
Age, 1 months
Birthplace City
Place of Death Alice Hosp
Res of Sic, 1 day near Holy Sep
Cause of Death Spasmus

Place of Burial St Hedwigs
Date of Burial Dec. 8th 02
Undertaker

The Coroner is the Father
of the Child

See following certificate

Board of Health, City of Baltimore,

Permit No. 62817 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 8 1882 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McGuigle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} M

Occupation, Brewer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt 30 Years

Place of Death, {Give street and Number.} 54 S. Ann Street

Cause of Death, First, (Primary,) 3 Temporary Insanity

Second, (Immediate.) 3 Suicide by Hanging

Duration of Last Sickness, Instant Death

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Dec. 9. 1882

Undertaker, M. A. Darger

Place of Business, 74 S. Bway.

Chas M. Mott M. D.,
Medical Attendant.

Address, Corner 6 & Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62818 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 8 1882 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, R. R. Train Dispatcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Denmark

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 120 S. Eden St.

Cause of death, First, (Primary,) Consumption & heart disease

Second, (Immediate,) Asthenia

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 10. 1882

Undertaker, M. A. Dalger

Place of Business, 74 S. Bway.

Jno. L. Lynch M. D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Summaries below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 6219 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec: 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Greenlaw

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5' 0 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, three weeks

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Sarcoma of the cranium of the testes

Second, (Immediate,) Asthenia

Duration of Last Sickness, Has been sick for years

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Virginia

Date of Burial, Dec 8th

Undertaker, C H Blizzard

Place of Business, 198 Pennsylvania Ave

H. P. C. Hilbrush M. D.,
Medical Attendant.

Address, 146 Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimo

Permit No. 62020

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 8 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marian Baker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color,

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 36 Bond St

Duration of Residence in the City of Baltimore, 11 ~~Bolton~~ St

Place of Death, {Give street and number.} 219 N Dallas St

Cause of Death, First, (Primary.) Variola Confluent

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Al Lonsdale

Date of Burial, Dec 8 1882

Elsner Hall *M.D.,*

Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, ... *Address,* 41 N Bond

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62021 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1882

CERTIFICATE OF DEATH.

Date of Death, November 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Mulhaire

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Hackman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and Number.} No 31 N. High st

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Old Cathedral

Date of Burial, December 8

Undertaker, J. Ahrens

Place of Business, No 21 N High St *Address,*

J. E. Gorsuch M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62022 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Baas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} W^m 12th & Edes ln

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, about four months

All the above information should be furnished by the Physician.

Place of Burial, Dell Point Cemetery

Date of Burial, December 7

Undertaker, Jacob Ahrens

Place of Business, N. High St

L. Oldendorf M. D.,
Medical Attendant.

Address, 12 S Edes ln

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62023 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEC 8 1882

CERTIFICATE OF DEATH.

Date of Death, December 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mollie Clark

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } .....

Age, 6 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 67½ Duncans alley

Cause of Death, First, (Primary,) Croup - Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Dale Cem.

Date of Burial. Dec 10th 82

Undertaker, A. Frame

Place of Business, Pa. Ave & Holl

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9 Board of Health, City of Baltimore,

Permit No. 62824

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Callahan

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* Three *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 168 N Calvert St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) ———

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Dec 8th 1882

Undertaker, Jos F Byrne

Place of Business, 59 h Liberty Av

James A. Tichtug M. D.
Medical Attendant.

Address, 182 Sarah pa St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62025 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcella Leavell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 38 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Epithelioma of Uterus

Second, (Immediate,) Asthenia

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Co

Date of Burial, Dec 8th

Undertaker, M Kilfoil

Place of Business, 1[illegible] Bond St

West M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

Permit No. 62026

Board of Health, City of Balti

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 8 1882

Date of Death, 7th December

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Schultz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 125 S Eden Str.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, New Carmel Cem.

Date of Burial, Dec 9th 1882

Undertaker, M. Dippel

Place of Business, 157 S Bond St

J. B. Schultz M.D.,

Medical Attendant.

Address, Gough & Eden Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases o...

Board of Health, City of Baltimore,

Permit No. 62027 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 8 1882

Date of Death, Dec 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Jackson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age; 1 *Years,* 8 *Months,* *Days,*

Color, J

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 10 Winter Street

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, Dec 8th 1882

Undertaker, H Rotzis

Place of Business, (H Rotzis) Baltimore

Geo. N. Benson M. D.,

~~Medical Attendant~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 62028 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Collins.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52, *Years,* —— *Months,* —— *Days,*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Hostler,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ga.

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} City Hospital.

Cause of Death, First, (Primary,) Aneurism of Arch Aorta, + Aortic Regurg.

Second, (Immediate,) Asphyxia.

Duration of Last Sickness, 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, E R Pat Cem

Date of Burial, Dec 7th 1882

Undertaker, M Coleman

Place of Business, *Address,*

E. Davis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62 829

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Supposed Richard Douglas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wicomico Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Both. Md Int of Washington & Aisquith

Cause of Death, First, (Primary,) Accidentally Drowned

Second, (Immediate,)

Duration of Last Sickness, Sudden Exit

All the above information should be furnished by the Physician.

Place of Burial, Wicomico Co Md.

Date of Burial,

Undertaker, Wendel Dippel

Place of Business, 2 Bond St.

Jas. H. Norfolk M. D.,
Coroner & Medical Attendant.

Address, 67 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3 **Board of Health, City of Baltimore,**

Permit No. 62020

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Ludes

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 15 *Months,* ____ 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} D Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 121 S Broadway

Cause of Death, First, (Primary,) Scald with

Second, (Immediate,) Water

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Dec 8

Undertaker, G Krauce

Place of Business,

C W Chew *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62431 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1932 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8 1932

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Thurston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1624 Greenmount Ave

Cause of Death, First, (Primary,) Coma

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, Dec 8

Undertaker, G France

Place of Business, *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62832 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorcas Lately

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B, city

Duration of Residence in the City of Baltimore, 5 - 6

Place of Death, {Give street and Number.} 66 Durst alley

Cause of Death, First, (Primary,) Bronch

Second, (Immediate,) Nervous pros stroke of Shock

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem Ass

Date of Burial, December 9

Undertaker, M. Hurley

Place of Business, 9 West ff

R. P. Ellis M. D.,
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on P

Board of Health, City of Baltimore,

Permit No. 62033 *Office of Registrar of Vital Statistics.* Ward 22/3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Nathaniel Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give street and Number.} 122 Parkin

Cause of Death, First, (Primary,) ~~Scarlet~~ Bronchitis Diarrhoea.

Second, (Immediate,) Asthenia

Duration of Last Sickness, 1 wk.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 8

Undertaker, J T Wilson

Place of Business, ...

Herbert Harlan M. D., Medical Attendant.

Address, Balto Gen Disp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62034 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 7, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Callen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 45 E Madison

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, Dec 9 1882

Undertaker, James O Byrne

Place of Business, No 63 N Front St

H. G. Conroy M. D.,

Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62035 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 8 1892 BALTIMORE

Date of Death, Dec 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Swogood

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 56 Hanover Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Dec 9

Undertaker, W W Gray

Place of Business,

Geo. A. Denison M. D.,
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th[illegible] Attention of Physicians [illegible] Law of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 62236 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CRTIFICATE OF DEATH.

Date of Death, Dec 7 1882

Full Name of Deceased, {Be legibly and spelled correctly. If an Infant unnamed, give names of parents.} M. Louise Myers

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 36 *Years,* ——— *Months,* ——— *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ——— nil

Birthplace, {State or country, and if long in the United States if of foreign birth.} Germany

Duration of Residence in City of Baltimore, 24 yrs

Place of Death, {Give street and Number.} 1 Eutaw pl

Cause of Death, First, (Primary) Pelvic Abscess

Second, (Immediate) Peritonitis

Duration of Last Sickness, 2 mos

All the above information should be furnished by Physician.

Place of Burial, Baltimore Cem

Date of Burial. Dec 10 82

Undertaker J. D. Young

Place of Business, ——— *Address,* 143 Mulberry

D. Shutt M. D.,
Medical Attendant.

Extract from Regulations of Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, color, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6283 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Salmon

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* 6 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 176 E. Boundary

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Asthenia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, Dec. 7th, 1882 J. L. Bristow M. D.,

Undertaker, H. Sinder & Son Medical Attendant.

Place of Business, 252 Eastern Ave *Address,* 176 E. Boundary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 62038 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 9 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmonia K. Chapman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Co. Va

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and Number.} St Vincents Hospital

Cause of Death, First, (Primary,) Ovarian Tumor

Second, (Immediate,) Shock after Ovariotomy

Duration of Last Sickness, Nine Months

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 9th 1882,

Undertaker, H W Deukins

Place of Business, 75 N Charles *Address,*

D T Wilson M. D., Medical Attendant.

146 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62099 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1882 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gorth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 404 West St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Dec 9

Undertaker, B Hale

Place of Business,

Theodore Gatch M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62042 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gerlach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 50 *Years,* 5 *Months,* 5 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, merchant tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} N. 244 n. Gay St

Cause of Death, First, (Primary,) Emphysema and capilla Bronchites

Second, (Immediate,) do

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial Dec 10. 1882

Henry Baker M. D.
Medical Attendant.

Undertaker Wm H. Hagelstown

Place of Business, 234 N. Gay St. *Address,* 164 n. charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 62041 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas P. Barnes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 176 S. Washington st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 11 Days.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cem'y

Date of Burial, Dec 9/82

Undertaker, Grey & Bro.

Place of Business,

Geo. W. Benson M. D., Medical Attendant.

Address, Mr. J. D Cleveth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 69042 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Hayscup

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* 2 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 2 Mo & 19 dys

Place of Death, {Give street and number.} 214 Burgundy al

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 6 dys

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 9th 1882

Undertaker, Julius Kreiter

Place of Business, Sharp & Pine Sts

R. C. L 22 M. D.,
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 62043

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 20 *Years,* *Months,* *Days.*

Color, Mulatto

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give street and number.} 113 York St

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Emaciation

Duration of Last Sickness, about 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 10

Undertaker, H Ross

Place of Business, 75 Lombard St

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 62044 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 9 1892 HEALTH DEPARTMENT BALTIMORE

Date of Death, Dec 9th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gracelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 S. 6th Lombard

Cause of Death, First, (Primary.) Variola

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Dec. 9th 92

Undertaker, G. Frazer

Place of Business, Bank & Holl's *Address,*

J. E. Foltz M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

13 **Board of Health, City of Baltimore,**

Permit No. 6 2 0 4 5

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Betzler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} #150 W. ~~Baltimore~~ Fayette St.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Malignant Diphtheria

Duration of last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 10/88

Undertaker, J. Black

Place of Business, 707 W. Balt. St.

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 62846

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Gallmey

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 134 N Henry St

Cause of Death, First, (Primary,) Rheumatism Gout

Second, (Immediate,) Heart disease & dropsy

Duration of Last Sickness, 6 or 7 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Dec. 10 1882

Undertaker, J. B. Cook

Place of Business, 709 W. Balto St, *Address,* 317 Madison Ave

Wm Carey Thom M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62047 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Mitchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 225 Druid Hill Ave

Cause of Death, First, (Primary,) Probably Apoplectic Convulsion

Second, (Immediate,)

Duration of Last Sickness, Saw him but few minutes before death

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Dec 11 1882

Undertaker, Thos S Gorter

Place of Business, 60 E Balto *Address,* 257 Mad Ave

H. Mitchell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62048

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1882 7 A M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. J. Lynch

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Twenty *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 days.

Place of Death, {Give street and number} 141 Franklin St.

Cause of Death, First, (Primary,) Abscess

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 6 1882

Undertaker, Jas. L. Byrne

Place of Business, 63 Lexington St

L. R. Coale M. D.
Medical Attendant.

Address, 11 E Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62049

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Ranoel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 31 *Years,* 3 *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany Hessen Darmstadt

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number.} Druid Hill Avenue 112

Cause of death, First, (Primary,) Typhoid fever

Second, (Immediate,) Effusion of brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, December 10th 82

Undertaker, Dietrick Wiegand

Place of Business, 116 Druid Hill Ave. *Address,* 224 West Saratoga St.

L. Pentland M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9

Board of Health, City of Baltimore,

Permit No. 6250

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Green

Sex, Male or Female, {cross out the word not required in this line.} Boy

Age, ____ *Years,* ____ *Months,* 28 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 236 Saratoga St.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 40 Cohen's alley

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Hemaltemesis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem'y

Date of Burial, Dec 8/1882

J. E. Clagett M. D.
Medical Attendant.

Undertaker, Thos A Erskine

Place of Business, 50 S Caroline

Address, 36 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 62061 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Carroll

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Negro

Married, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lexington Ky. 16 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Oxford St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemmorrhage from Lungs Cavity

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 10th 1882

Undertaker, Wm J. Lynn

Place of Business, 45 Mulberry St

O Edw Janney, *M. D.,* Medical Attendant.

Address, 1121 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62562 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 mo 8th 02

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 2 S. James St

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 10 1902

Undertaker, Daniel J. Dunger

Place of Business, 13 Chestnut

Irving Miller M. D.,
Medical Attendant.

Address, 172 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62053 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 9 Dec. 1852.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Yaeger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 8 *Months,* 14 *Days,*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 242 S. Durham St.

Cause of Death, First, (Primary,) Variola.

Second, (Immediate,) Anhemia

Duration of Last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 9th

Undertaker, H Dippel

Place of Business, 151 S Bonds *Address,* 342 E. Balto. St.

B. F Lemar M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62054 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Kahl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 4 Miller

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec. 11th 1882

Wm L. Russell M. D.,
Medical Attendant.

Undertaker, Adams Sis

Place of Business, 461 W Gay St *Address,* 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th, 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie E. Kuhn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During L.D.

Place of Death, {Give street and number} 111 N. Fremont St.

Cause of Death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,)

Duration of last Sickness, Few Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, Dec. 10th 1882

Wm. B. Rider, M. D.
Medical Attendant.

Undertaker, Mr. P. Kimmett

Place of Business, 317 Pratt St.

Address, 195 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62056 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Kate W Eliza Bien

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* 7 *Days.*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} East. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 247 E. Fayette St

Cause of death, First, (Primary,) Pneumonia, rendered by Chronic Abscess

Second, (Immediate,) Was not present at death but returned suddenly whilst on the street - immediate cause, Expulsion of portion of pneumonic matter - Asphyxia from expulsion of said matter

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, First German united Country

Date of Burial, December 10th 1892

Undertaker, Wm Nicolaus

Place of Business, 253 Aliceanna St *Address,* —

D. Cullen *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6 2657

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1892 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 92

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Van Brien

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 12 *Days.*

Color, W

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, 2 y

Place of Death, {Give street and number.} 247 E. Biddle St

Cause of death, First, (Primary,) Cancer

Second, (Immediate,) —

Duration of Last Sickness, Autumn

All the above information should be furnished by the Physician.

Place of Burial, First German united Cemetry

Date of Burial, December 10th 1892

Undertaker, Wm Nicolaus.

Place of Business, 258 Aliceanna St

[signature] M. D.,

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 62058

Board of Health, City of Balti...

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 1 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} — —

Occupation, — —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, — —

Place of Death, {Give street and number.} E N. Spring st

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.) Convulsions

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 10th 82

Undertaker, L J Lo R

Place of Business, 473 Jefferson st

M B. Billingslea M.D.,
Medical Attendant.

Address, 95 E Pratt st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62059 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank William Toney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 117 S. Poppleton St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Dec 10 1882

Undertaker, J. B. Cook M. D.,

Place of Business, 70 W. Balto St. *Address,* 582 W. Fayette Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janet H. Graham.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 65

Place of Death, {Give street and number} 108 John St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pleuro-Pneumonia.

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Dec 10th 1882

J. W. C. Cuddy, M. D.
Medical Attendant.

Undertaker, Andrews & Rodgers

Place of Business, 169 & 171 Druid Hill Ave *Address,* 137 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

19 Board of Health, City of Baltimore,

Permit No. 62 861

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Ann Foster

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 3 *Years,* 9 *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis Co.

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number} 26 Parish Al.

Cause of Death First, (Primary,) Bronchitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 15

All the above information should be furnished by the Physician.

Place of Burial, Thumps St Cemetery

Date of Burial, Decemt 10 1882

Undertaker, William A Dugan

Place of Business, 62 East St

W H Bruchan M. D.
Medical Attendant.

Address, 367 Fort Ave 25

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

Board of Health, City of Baltimore,

Permit No. 62062 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sydnie T. Byrd

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 45 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Grocer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Philadelphia Penn

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and Number. } 453 Madison Ave

Cause of Death, First, (Primary,) Fatty heart (Degeneration)

Second, (Immediate,) Cardiac Asthenia

Duration of Last Sickness, 0 days (immediate few hours)

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cem

Date of Burial, Dec 11 - 1892

Undertaker, D Emory Hitchcock

Place of Business, 556 N Eutaw *Address,* 306 Madison Ave

Chas. A. Reilly M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62063 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th "82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Culberton

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } "

Age, 39 *Years,* *Months,* *Days,*

Color, White "

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } "

Occupation, Painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 51 S Eutaw St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Phthisis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 11" 1882

Undertaker, Joseph F Byrne

Place of Business, 59 N. Liberty St *Address,*

Edward A. Gr... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20 Board of Health, City of Baltimore,

Permit No. 62064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec November 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Haswell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 36 Argyle Avenue

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Pleurisy

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 11th 1882

Undertaker, Chas F Scriven

Place of Business, 271 W Lexington St

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62065 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Candy Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 285 Central Ave.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St. Louis Ck

Date of Burial, Dec 10 1882

Undertaker, Henry Lord

Place of Business, 30 N Eutaw St

E. B. Fenby M. D.,
Medical Attendant.

Address, Eden & Biddle Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62066 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Tymothy Ryan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 Yrs ?

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial.

Undertaker, Charles Schriver

Place of Business,

F. Fraser, M. D.,
Medical Attendant

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6267 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam Wilson

Sex, Male or Female, {Cross out the word not reqnired in this line.} Female

Age, Seventeen *Years,* — *Months,* — *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No. 66 Bank Lane

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 10

Undertaker, Theo J Locke

Place of Business, 73 Jefferson St

Richard Wilson M. D.,
Medical Attendant.

Address, 116 E. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 12418

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Nathan Meuser

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 21 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widower~~

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 156 E. Baltimore

Cause of Death { First, (Primary,) Variola
Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Dec 10/82

Undertaker, Frey & Bro

Place of Business, Broadway

Wm N. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

Board of Health, City of Baltimore,

Permit No. 62069 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Burns

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No. 11 Cambridge St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Necrosis

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 10th

Undertaker, Denny & Mitchell

Place of Business, 63 S. Broadway Address, 63 S. Broadway

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62070 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 10 1882 BALTIMORE

Date of Death, Decr 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 11 *Months,* — *Days,*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 53 McCulloh St

Cause of Death, First, (Primary,) Confluent Small Pox

Second, (Immediate,) — — — —

Duration of Last Sickness, Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysiuses Cemetri

Date of Burial, Dec 10 1882

Undertaker, John Heneig. } F W Sloan M. D.,

Place of Business, 382 Orleans St *Address,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, race and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6207 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 10 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Hinzel

~~*Sex,*~~ ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, 2 yrs - 3 mo.

Place of Death, {Give street and Number.} 78 Dunst alley

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Brain Fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, H Alpians Comy

Date of Burial, December 11

Undertaker, R. Hurst

Place of Business, 42 West St

C. D. Smith *M. D.,*

Medical Attendant.

Address 329 E Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62072 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1882 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Wright

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 22 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 256 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 10th 1882

Undertaker, B. Hale

Place of Business, West St

Geo. R. Dimon M. D., Medical Attendant.

Address, Cor of Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

CERTIFICATE OF DEATH.

* 62072 (To be Retained by Physician.)

Date of Death, Dec 9, 1882

Name of Deceased, Harry Wright

Sex, Male or ~~Female~~,

Age, 22 days

Color, White

Occupation,

Birthplace, Bath

Duration of Residence in B. C., Since Birth

Place of Death, 256 Hanover

Cause of Death, First, (Primary,)

Second (Immediate,) Pneumonia

Duration of last Sickness, 5 days

REMARKS.

Thomas Interred

146 Hanover St

Western Cemetery

Dupents 10

B. Hale

82 West St

SOLLERY & CO., CITY PRINTERS AND STATIONERS

See following Certificate

Board of Health, City of Baltimore,

Permit No. 62073 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in *last* illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 10 1892

CERTIFICATE OF DEATH.

Date of Death, 7th December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hellum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Sawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomack Co Virginia

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 19 Clarret alley

Cause of Death, First, (Primary,) Malaria and bronchitis

Second, (Immediate,) Typhoid

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Spark St Cemetery

Date of Burial, December 10

Undertaker, H Ross

Place of Business, 95 Conway St

J. D. Dyer M. D.,
Medical Attendant.

Address, 146 Hill St

J. D. DYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Dorsey

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, About 80 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 37 Richmond st

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Exhaustion

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, 10 Dec

Undertaker, Theodore J. Locke

Place of Business, 13 Jefferson st

W. B. Griffith M. D.
Medical Attendant.

Address, 158 W. Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62075 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Edmunds

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, five *Years,* ~~—~~ *Months,* ~~—~~ *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and Number.} 26 Eden alley

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Asthenia

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 10th 1882

Undertaker, J J Leckes

Place of Business, 473 Jefferson

W. H. Wolcott M. D., Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62076 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Morning Dec 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Cadell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single ✓

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 189 Patterson Park ave

Cause of death, First, (Primary,) Confluant Small Pox

Second, (Immediate,) Exostion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Dec 10th 1882

Undertaker, D. C. Schultz

Place of Business, 265 Alice Anna St

J E Prichard M. D.,
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62077

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane G. Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cornwall England - 66 years in this country

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} No 39 Argyle Ave

Cause of Death, First (Primary,) Heart disease probably

Second (Immediate,) Paralysis of heart attack.

Duration of Last Sickness, Only a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, Dec 11. 1882 S.K. Merrick M. D.

Medical Attendant.

Undertaker, Philip J. Dice

Place of Business, 183 Columbia Ave *Address* 209 N Bridle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2851 Travis Ave

[OVER.

Board of Health, City of Baltimore,

Permit No. 62078 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th Dec 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leila M Hurley

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months.* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 2 Tennant St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 2 Tennant

Cause of death, First, (Primary,) Found dead in the morning

Second, (Immediate,) the cause not Known

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Dec 11th 1882

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St *Address,* Sinclair Downing

M. K. Warner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62079 *Office of Registrar of Vital Statistics.* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Queen

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 11 *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 114 Exeter St

Cause of Death, First, (Primary,) Unknown - Fever

Second, (Immediate,) My Opinion died from Eating Berries

Duration of Last Sickness, Was not sick 6 hours

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 10 1892

Undertaker, William A Rouse

Place of Business, 62 East St

S. N. Hunter M. D., Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62080 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Perkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 25 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 348 Canton Ave

Cause of Death, First, (Primary,) Aneurism of Arch of Aorta

Second, (Immediate,) Hemorrhage (Sudden rupture)

Duration of Last Sickness, about 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cem

Date of Burial, Dec 11th 82

Geo B Rupprecht M. D.,

Medical Attendant.

Undertaker, G. Trance

Place of Business, Bank & Mott *Address,* 1712 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62081 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 10 1882 BALTIMORE

Date of Death, 3 PM Saturday Dec 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Roberts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ~~Alexander Roberts~~

Age, ... *Years,* ..... *Months,* one *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 69 Bourke St

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 69 Bourke St

Cause of death, First, (Primary,) Premature birth

Second, (Immediate,) Inanition

Duration of Last Sickness, never was well

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Ch

Date of Burial, Dec 10. 1882

Undertaker, H. Sander Sr

Place of Business, 202 Canton Ave

J E Pickard M. D.,
Medical Attendant.

Address, 28 O Gorman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 62082 *Office of Registrar of Vital Statistics.* Ward 1 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 o'clock A M Saterday Dec 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vergenia Roberts

~~*Sex*~~, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 69 Bourke St

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 69 Bourke St

Cause of death, First, (Primary,) Premature birth

Second, (Immediate,) Inanation

Duration of Last Sickness, Never was well

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cem

Date of Burial, Dec. 10. 1882

J. E. Richard *M. D.,*

Medical Attendant.

Undertaker, H Sander Jr

Place of Business, 202 Caston Ave *Address,* 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62083 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Buonn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1229 S Dallas St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cardiac

Duration of Last Sickness, 4 Days

All the above Information should be furnished by the Physician.

Place of Burial, St. Mathias

Date of Burial, Dec. 10. 1892

Undertaker, H. Sander Son

Place of Business, 252 Eastern Ave *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62084 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 10 1882

Date of Death, Dec 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Coyle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 5 *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} —

~~*Occupation,*~~ —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 73 N. Stricker

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia, (death sudden)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 10th 1882

Undertaker, Cook

Place of Business,

Edwd F. Mullikin M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62085 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bianca Richter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* *Days.*

Color, White

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 61 Hanover St.

Cause of death, First, (Primary,) Malignant Scarlet Fever.

Second, (Immediate,) Paralysis of the Brain

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Scholom

Date of Burial, Dec 11th

Undertaker, Wm Eilau

Place of Business, 101 Gough St

Edward P. McDevitt M. D.,
Medical Attendant.

Address, 57 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6086 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 11 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 155 Holliday

Cause of Death, First, (Primary,)

Second, (Immediate,) Variola

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cem

Date of Burial, Dec 11th 1882

Undertaker, A. Kohler

Place of Business, 244 Lombard *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62087 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel P. Tyler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 73 E. Monument St.

Cause of Death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 11-2 Oclock

Undertaker, E A Carman

Place of Business. 38 Exeter St *Address,* 20½ Fremont Ave

Wilmer Jenkins, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No. 62088

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 11 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Dietz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Seventy Nine *Years,* Eleven *Months,* Nine *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 160. Sharp St

Cause of Death, First, (Primary.) Senility

Second, (Immediate.)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec. 11th 82

Undertaker, G. France

Place of Business, Dana & Wolfe *Address,* Con. Fee & Sharp St

A. M. Bell *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62089 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 11 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 10 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Hartman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} State

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and Number.} 165 S. Ann

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, December 11 th

Undertaker, Leonhard Kurz

Place of Business, 277 S. Bond St. *Address,* 245 E. Baltimore

Hartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 62098 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 11 1882 BALTIMORE

Date of Death, December 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca McMackin

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age. abt 88 96 *Years,* *Months,* *Days.*

Color, W

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 136 East Pratt St

Cause of Death, First, (Primary,) Pulmonary Hemmorhage

Second, (Immediate,) Exhaustion

Duration of Last Sickness, a few hours

All the above Information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, Dec 11 1882

Undertaker, Jno C Byrne

Place of Business, 63 Fremont

Chas M. Morfit M. D.,
Coroner E.D. Medical Attendant.

Address, 62 East Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62071 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andre Hivens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 22 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 1264 Eastern Av.

Cause of Death, First, (Primary,) Pseudo-Membranous Croup

Second, (Immediate,)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Dec 11 1882. John H. Kellogg M. D.,

Medical Attendant.

Undertaker, John Hannig

Place of Business, 382 Orleans St. *Address,* 1143 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62092 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday, December 10th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Christina Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Four (4) *Months,* ..... *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} .....

~~Occupation~~, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 188 Orleans Street

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions (Supposed,

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 12 1882

Undertaker, John Hennig.

Place of Business, 388 Orleans St

Wm H. Cudiman M. D.,
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 62093 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEC 11 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 9/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F. Morgan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} S.W. cor. East av. & Durham St.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 11 1882

Undertaker, John Feeney

Place of Business, 382 Aliceans St

R. W. Marshall M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62894 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Goth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 414 Warren ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Dec 11

Undertaker J Koehler

Place of Business,

Theo. Cook Dr Commun M. D.,

Medical Attendant.

Address, 414 Warren ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62095 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 9, 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Helene Thomas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* —— *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, {Give street and Number.} 320 Montgomery St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial Dec 11th 1882

Undertaker, John S Gaghor

Place of Business, No 150 Camden

P. H. Eastman M. D.,
Medical Attendant.

Address, 319 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62096

The Physician who attended any person during last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie J. Daugherty

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 7 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Catharine St Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 631 W Fayette

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Cough

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 11th 82

Undertaker, Matthew Cadogan

Place of Business, 227 Hubbard St

Wm. E. Clayville M. D.
Medical Attendant.

Address, 16 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62097

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th December 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Lownds

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 274 N. Bond

Cause of Death, First, (Primary,) Inflammatory Rheumatism & Malaria

Second, (Immediate,) Acute Endocarditis

Duration of last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 11

Undertaker, C D Blizzard

Place of Business, 199 Pratt

A. M. Littell, M. D.
Medical Attendant.

Address, 380 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62078 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1900

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Granville

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* 10 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland.

Duration of Residence in the City of Baltimore, dont Know

Place of Death, {Give street and Number.} No 1 Boundary Lane

Cause of Death, First, (Primary,) Variola —

Second, (Immediate,) do —

Duration of Last Sickness, Dont Know - I did not attend the case in my profession and nursed him - I believe

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, December 14th

Undertaker, Fred Eberle

Place of Business, 24 S. Caroline St

W A Dohme M. D.,
Medical Attendant.

Address, No 2 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 62899 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw Charles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 53 S Hulleon

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial Louden Park cemetery

Date of Burial, Dec 11th 1882

Undertaker, Jas A Cook

Place of Business, No 707 N Baltimore street

James Bosley M. D.,
Medical Attendant.

Address, 319 Hollins ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14

Board of Health, City of Baltimore,

Permit No. 62100

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm A Anderson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Dentist

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } W Lombard St No 626

Cause of Death, { First (Primary,) Consumption

Second (Immediate,) Last Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Parkton, Bal. Co,

Date of Burial, Dec 12 1882

{ *Undertaker,* Wm H Cook

Place of Business, No 702 n Baltimore Street

O S Mahon M. D.
No 138 Eden St
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 62101 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 11 1882

Date of Death, Decem. 10, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Jeffers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 3 *Months,* 15 *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Locomotive Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 63 Cross St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, more than a year

All the above information should be furnished by the Physician.

Place of Burial Loudon Park cemetery

Date of Burial, Dec 12th 1882

Undertaker, Hus & Cook

Place of Business No 107 N Baltimore Street

John Hood M. D.,
Medical Attendant.

Address, 322 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62102 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jacob Müller

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 1 *Year,* 8 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 451 N. Fremont St.

Cause of death, First, (Primary,) Diphtheritic Laryngitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 12,

Undertaker, Walter Immel

Place of Business, 315 W. Baltimore

H. Strickland M. D.,
Medical Attendant.

Address, 532 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 62103

Board of [illegible] of Baltimore,

[illegible] of Vital Statistics. Ward 16

The Physician who attended any person during last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 11 1882

Date of Death, December 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Mower

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 291 Lee Street

Cause of Death, First, (Primary,) Accidentally burned

Second, (Immediate,) Result of burns

Duration of Last Sickness, Died about 8 hours after the accident

All the above Information should be furnished by the Physician.

Place of Burial, Shoffs St Cemetery

Date of Burial. Dec 10th 1882

Undertaker, G W Perkins Jr & Co

Place of Business, 130 Hanover St Address, [illegible]

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore, 20

Permit No. 62104 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Anderson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 9 Hillen al

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Burns

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 11

Undertaker, H Ross

Place of Business, 95 Conant St

Alexander Finley M. D.,
Medical Attendant.

Address, Same

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62105 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary M. Gribel

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 1122 E. Lombard

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) ..... } Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem.

Date of Burial, Dec 12th 82

Undertaker, G. Frame

Place of Business, Bank & Mott

..... *M. D.,* Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62166 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1882 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Ann Mengely

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 73 S. Durham

Cause of death, First, (Primary,) Malnutrition

Second, (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Dec 11 82

Undertaker, G. France

Place of Business, Parks & Wolfe Address, 369 E. Baltimore St.

J. H. Collenberg M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6210

Board of Health, City of Baltimore,

Permit No. 48[illegible] *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamit E. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 — *Years,* ..... *Months,* ..... *Days,*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 25

Place of Death, {Give street and Number.} 70 Goodmans al

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, December 11

Undertaker, H Ross

Place of Business, 15 Lombard S

Rkp Ellis M. D.,

(Medical Attendant.

Address, 316 Lytle N

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62108 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary C Clisham

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto ~~Balto~~ Co

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } No 60 Donnell St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Dec 11. 82

Undertaker, W. Clark & Son

Place of Business, 92 S. Ann

D. E. Jones Williams M. D.,
Medical Attendant.

Address, 53 Elliott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...n Special Attention of ...

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 10, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Green

Sex, Male or Female, {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wilmington Del; 1 year

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 147 E. Conway St

Cause of Death First, (Primary,) Exhaustion from Consumption

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wilmington Del

Date of Burial, Dec. 14th 1882

Undertaker, H. W. Jenkins Sons

Place of Business, 109 E. Chase *Address,* 121 N. Howard St

Franklin Sm... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per...on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...T. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62110 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 11 1882 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, Decr 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Newman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grain Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 6. J Hanson Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 11 1882

Undertaker Daniel Lange

Place of Business, 1043 Chestnut St

J. G. Connolly M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62111 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Streett

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Forest & Hillen Sts

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About Eight months

All the above information, should be furnished by the Physician.

Place of Burial Green Mount Cem

Date of Burial, Dec. 11. 1882

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St.

Charles O'Donovan M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 11 62112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph A. Garnett

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* 11 *Months,* 17 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 55 Union St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Consumption

Duration of last Sickness, Complaining several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 11/82

Undertaker, Wm Bishop

Place of Business,

A. R. Fetterhoff M. D.
Medical Attendant.

Address, 105 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore, 9.

Permit No. 62113 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Ritter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 17 *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 122 S. Howard

Cause of Death, First, (Primary,) Spasm Pot

Second, (Immediate,)

Duration of Last Sickness, 3 —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 11/82

Undertaker, Wm. J. Dickman

Place of Business, S. Howard

Geo. W. Durell M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62114 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Murray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 99 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County of Down, Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 132 Hudson Street

Cause of Death, First, (Primary,) Senile decay

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Dec. 11th 1882

Undertaker, M. A. Daiger

Place of Business, 745 Broadway

Wm. F. Donnan M. D.,
~~Medical Attendant.~~

Address, Com. of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 2115 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th, 1882 Noon

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 466 E. Lee

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of Last Sickness, One Day

All the above information to be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 14th

Undertaker, W. Purvis

Place of Business,

I Certify, M. D.,

Medical Attendant.

Address, 844 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62116 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 11 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 10/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lockard Thread

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 54 S. Bethel St.

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial Baltimore Co.

Date of Burial. Dec. 12. 1882

R. W. Mansfield M. D.,
Medical Attendant.

Undertaker, H. Sander & Son

Place of Business, 252 Caroline St. *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62117 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter F. Gill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and Number.} 1019 E. Baltimore St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 2 wks

All the above Information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, Dec. 11, 1892

Undertaker, H. Sanderson *M. D.,*

Place of Business, 202 Caroline *Address,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62118 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pat Kelleher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 35 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 Hall st

Cause of Death, First, (Primary,) Chronic Alcoholism

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 11 1882

Undertaker, James McGinnis

Place of Business, 43 Plowman st

Geo B Reynolds M. D.,
Medical ~~Attendant~~.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Numerical Blank, and to Rules on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62119 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dumm

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 185 E. 21st St.

Cause of Death,
First, (Primary,) Variola
Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, 1st Evangelical Lutheran

Date of Burial, Dec. 11th 1882

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave

Geo. F. Dumm M. D.,
Medical Attendant.

Address, Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62720 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Barney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 76. N. Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart disease

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 12th Dec. 1882

Undertaker, H.W. Jenkins & Sons

Place of Business, 75 N. Charles

H. Connolly M. D.,

~~Medical Attendant~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No. 62721 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John B. Conwell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 453 Mulberry St

Cause of Death, First, (Primary,) Valvular disease of Heart

Second, (Immediate,) General Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Old. Cathedral.

Date of Burial, 12th Dec. 1882

Undertaker, W. H. Jones

Place of Business, 75 Charles

D. G. Linthicum M. D.,
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 62122 *Office of Registrar of Vital Statistics.* Ward ~~4~~ 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC. 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 11. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline V. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* ~~~~ *Months,* ~~~~ *Days.*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, forty Years

Place of Death, {Give street and number.} 705 Orleans

Cause of death, First, (Primary,) Bright's Disease

Second, (Immediate,) Uremia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, DEC 12th 1882

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9 Dec. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Tyson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ~~44~~ *Years,* 4 *Months,* 14 *Days.*

Color, Col.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number} 2 Little Broadway - 13th Sts.

Cause of Death, First, (Primary,) apoplexy

Second, (Immediate,) asthenia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Douglas St Cemetery

Date of Burial, Dec 11th 1882

Undertaker, J. J. Lucks

Place of Business, 473 Pennsylvania Ave.

B. F. Lenard M. D.
Medical Attendant.

Address, 314 E. 13th St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62724 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 11 1882

Date of Death, Dec 9 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Morrigan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and Number.} ~~6 8042~~ Barkers

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Dec 12 1882

Undertaker, Jas. E. Byrne

Place of Business, 63 Fremont

Lee W Benson M. D.,
Medical Attendant

Address, Cor Fremont & Hecla

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62125 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick W Casey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Superintendent

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 84 N Front st

Cause of death, First, (Primary.)

Second, (Immediate,) Consumption

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 12th 1882

Undertaker, Henry H. Mears

Place of Business, 45 N. Gay St

J H Latimer *M. D.,* Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2

Board of Health, City of Baltimore,

Permit No. 62126 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wm Kelerosky

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* 10 *Months,* *Days.*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} 15 Aisquith st

Cause of death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, E Balto Public Cemetery

Date of Burial, 9 Dec

Undertaker, M Coleman

Place of Business, City Hall

L C Winternitz M. D.,
Medical Attendant.

Address, 125 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 62127 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10: 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Scott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 8 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 89 Fairmount Avenue

Cause of death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, E Balto P Cemetery

Date of Burial, Dec 10

Undertaker, M Coleman

Place of Business, City Hall

James E. Donnelly M. D.,
Medical Attendant.

Address, 2996 Fait. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62128 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 11 1882

Date of Death, Dec 10 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 13 *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Wash alley 6

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Inanition

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Charles

Date of Burial, Dec 12

Undertaker, Davis

Place of Business,

Geo. W. Benson M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6212 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Steer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and Number.} St. Joseph's Hospital

Cause of Death, First, (Primary,) Cancer of Leg.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec. 11, 1882

Undertaker, M. A. Dwyer

Place of Business, 94 S. Bway

S. V. G. Hoffman M. D., Medical Attendant.

Address, St. Joseph's Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62730 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 11 1882 BALTIMORE

Date of Death, December 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Carr

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, abt 56 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt 35 Years

Place of Death, {Give street and Number.} 222 S Caroline Street

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cem

Date of Burial, Dec. 12, 1882

Undertaker, M. A. Dwyer

Place of Business, 745 S. Broadway

Chas M Mayo M. D.,
Coroner & Physician
Medical Attendant.

Address, 463 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Gaskenbend

Sex, Male or Female, {cross out the word not required in this line.} female

Age, × *Years,* 18 *Months,* [illegible] × *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ×

Occupation, ×

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 395 W Pratt Street

Cause of Death { First, (Primary,) Croup
Second, (Immediate,) Asphyxia

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 12th 1882

Undertaker, Geo Leimbach

Place of Business, 389 W. Pratt St *Address,* 88 N Eutaw Street

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62X132 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wiesner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt- Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} N-51 Burke st

Cause of death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of Last Sickness, several hours

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cem.

Date of Burial, Dec 12th 1882.

Undertaker, L. Ritz

Place of Business, 129 & 8. Broadway

L D Underwood M. D.,
Medical Attendant.

Address, 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [ov

The Special Attention of Physicians is respectfully invited to the Instructions which will be found on the Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62133 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Mary Craig

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, —— *Years,* 20 *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 42 Amity St

Cause of Death, First, (Primary,) Laryngo tracheal Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 12th December

Undertaker, Matthews Cadogan

Place of Business, 227 West Lee's

H A Easton M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm R. Mitchell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 29 about *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} S. Register St, Balt. City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 71 N. Washington St,

Cause of Death First, (Primary,) Hepatitis

Second, (Immediate,) General Marasmus

Duration of last Sickness, Complaining for a year or two - 15 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Decem 13th 1882

Signature of Geo [illegible] M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 68 S Broadway *Address,* 169 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62135 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

Geo. Cooke Per Commission M. D.,

~~Medical Attendant.~~

Address, 145 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See following Certificate

Board of Health, City of Baltimore,

Permit No. 62186 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Richberg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 33 *Years,* 3 *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} No 362½ Light st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Prostration

Duration of Last Sickness, 1 year

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, December 12 C. L. Buddenbohn M. D.,

Medical Attendant.

Undertaker, B. Meads

Place of Business, 50 Worth *Address,* 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62137 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. R Langtree

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 37 *Years,* 3 *Months,* 21 *Days,*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Shipping Clerk B & O R R Co

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N Orleans La

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 366 Eight St

Cause of Death, First, (Primary,)

Second, (Immediate,) Bronchitis & Phthisis

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Decem. 12

Undertaker, B. Hurd

Place of Business, 82 West St

Theodore Brite M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 2138 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Mother Ruth McCarthy Father Nathan DeMott

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* dy *Days,*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, infant

Birthplace, {State of country, and how long in the United States, if of foreign birth.} No. 1 N. Exeter St. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 1 N. Exeter St.

Cause of Death, First, (Primary,) Syphilis

Second, (Immediate,) Cranitis

Duration of Last Sickness, six days (since birth)

All the above Information should be furnished by the Physician.

Place of Burial, Orange Grove Balto Co

Date of Burial, Dec 14th 1882

Undertaker, Andrews & Hodges

Place of Business No 96 Druid Hill Ave

I, Flora A. Brewster M. D.,
Medical Attendant.

Address, 255 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 3 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Augusta Clayton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* 1 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Company's Shops U. C.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 41 S. Washington St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of last Sickness, About 4 or 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 12/82

Undertaker, Ly & Bro

Place of Business, 61 Hanover

J. McPherson M. D.
Medical Attendant.

Address, 235 S. Chester St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

Permit No. 62178

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Forty One *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 9. Wilmer Alley.

Cause of Death, First (Primary,) Burned by explosion of Benzine

Second (Immediate,) Shock

Duration of Last Sickness, Thirty six hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 12 1882

Undertaker, [illegible]

Place of Business 95 Broom day

H. J. Coffroth M. D.
Medical Attendant.

Address 330. Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore.

Permit No. 62141

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Madden

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 8 *Months,* 4 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Eastern Shore. Md.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 22 Boyd st.

Cause of Death, First, (Primary.) Congestion of Lungs

Second, (Immediate.)

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Dec 12 1882

Undertaker, William Monge

Place of Business, No 62 East St

H. W. Weber M.D.,

Medical Attendant.

Address, 298 S. Louden st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61742 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Conrad Hershner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 15 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Student

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 States St.

Cause of death, First, (Primary,) Tuberculosis

Second, (Immediate,) asthenia

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Dec. 13th 1882

Undertaker, Geo. Frey

Place of Business, 91 Eutaw

Jno. S. Sprole M. D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

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Permit No. 62143

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Paul

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Enteric Colitis

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greers

Date of Burial, Dec 12

Undertaker, ~~H Coleman~~

Place of Business, F A Kerchner

Thos. F. Ward M.D.,

Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 62144

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 11/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Augustus Hoff

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, about years, 4. *Months,* —— *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, in the house 3 Months

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, about 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 14

Undertaker, W. J. Coleman

Place of Business,

Th. J. Ward M.D.,

Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 62145

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, DEC 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Debby Selina Brightman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~17 Carlton St.~~ Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 17 Carlton st.

Cause of Death, {First (Primary,) Pertussis; Second (Immediate,) Pneumonia}

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamed

Date of Burial, Dec 13 1882

Undertaker, Saml W Chase

Place of Business, 91 S. Howard St

P. Winter Sr. *M. D.*
Medical Attendant.

Address 323 Mulberry st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18

Board of Health, City of Baltimore,

Permit No. 62746 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEC 12

CERTIFICATE OF DEATH.

Date of Death, Dec 10

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James W Thomas

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } .....

Age, — *Years,* 13 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, Natin

Place of Death, { Give street and Number. } 164 North Amer St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Strangulation

Duration of Last Sickness, (2 days for the first time took sick)

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 13th 1882

Undertaker, S W Chase

Place of Business, 1 E Pleasant St

W W Atkin M. D.,
Medical Attendant.

Address, 172 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62747 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac E. Cornuau

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, fifteen *Years,* ten *Months,* fifteen *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 168 Hanover St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Perforation of intestines & Hemorrhage

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 13th 1882 Howard Carter M. D.,

Undertaker, John S. Mosher Medical Attendant.

Place of Business, No 150 Camden *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62148 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Josephine Ford.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days,*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's County, Md.

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and Number.} 98 Barre, St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonary Tuberculosis.

Duration of Last Sickness, Several years. confined to Room 3 Months.

All the above information should be furnished by the Physician.

Place of Burial St Peters 6th

Date of Burial, Decr 13th 1882

Undertaker, John Meacher

Place of Business, No 150 Camden

R. J. N. Tall M. D.,
Medical Attendant.

Address, 152, Sharp, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62149 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1882

CERTIFICATE OF DEATH.

Date of Death, December 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Greer.

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 53 *Years,* × *Months,* × *Days,*

Color, W.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give street and Number.} 100 Low St

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Uraemia

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Scholam

Date of Burial, Dec 13th

Undertaker, Wm Eilau

Place of Business, 101 Gough St

H. J. Reinold M. D.,
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62750

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Gans

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 67 Sidgwick St

Cause of death, First, (Primary,) Cerebral embolism Hemiplegia

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, December 12

Undertaker, W. Ellis

Place of Business, [illegible] *Address,* 145 Sidgwick St

A. Aronsohn M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62151 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 12 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th – 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore West.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days,*

Color, White —

~~*Married,*~~ *Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Dec. 12/82

Undertaker, Pat. Hunt

Place of Business, Dinsmore & Townsend

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av. Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62152 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1882 REGISTRAR BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary M Grossman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } East St bet Caroline & Eden

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Dec 13, 1882

Undertaker, Henry Hoen

Place of Business, 39 Central Ave

F. Conaway M. D.,
Medical Attendant.

Address, Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62163 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franck Yoker

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} 6 h. Chapel

Cause of Death, First, (Primary,) Stricture of urethra

Second, (Immediate,) Uraemia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Dec 13th 82

Undertaker, G. Frazier

Place of Business, Franz & Wolff *Address,* 245 E. Baltimore St

F. Turnbull M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62154 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 11th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Koch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years.* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Year

Place of Death, {Give street and number.} No 238 S. Bond st

Cause of death, First, (Primary,) Abs. consumption

Second, (Immediate,)

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Town

Date of Burial, Dec. 13th 82.

Undertaker, C. France

Place of Business, Dunbar & Wolf *Address,* 12 S. Eds

L. O. Whitelaw *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62155 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12th December 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elspica Bartog

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* ——— *Months,* ——— *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Posen, Prussia, Germany

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and Number.} Bethelplace No 7.

Cause of Death, First, (Primary,) Metrorrhagia

Second, (Immediate,) Exhaustio

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Dec. 13 92

Undertaker, G. Frana

Place of Business, Bank & Wolf

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfert 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62756 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Seero

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 32 Shakspeare St.

Cause of Death, First, (Primary,) Diphtheria accompanied by intestinal inflammation

Second, (Immediate,) .....

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec. 12th 82

Undertaker, G. Franc

Place of Business, Bonn & Wolfe

John L Kellogan M. D.,
Medical Attendant.

Address, 243 Alice Anna St

Attended

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6215 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 8 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Haldeman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 40 *Years,* ..... *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md and City

Duration of Residence in the City of Baltimore, One Week

Place of Death, { Give street and Number. } 66 N. Carrollton

Cause of Death, First, (Primary,) Angina Pectoris

Second, (Immediate,) Stroke

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Dec 12/82

Undertaker, Fry & Bro

Place of Business, 61 W Broadway Address, 790 O'Donnell

J. L. Wilson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... this Certificate.

Permit No. 62158

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Fahey

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Seaman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St. Josephs Hospital

Cause of Death, First, (Primary.) Pneumonia (Double)

Second, (Immediate.) Asthenia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, Dec 12

Undertaker, Edw Lizzard

Place of Business, 198 Aisquith

S. S. G. Hoffman M.D.,
Medical Attendant.

Address, St. Josephs Hospo-

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Klopp

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 and half *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kinsale Co. Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Kinsale St near Christopher St

Cause of Death {First, (Primary,) Struma

{Second, (Immediate,) Eclampsia Infantile

Duration of last Sickness, Eclampsia — Eight Hours

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Dec 13 1882

J. Russell Martin *M. D.*
Medical Attendant.

Undertaker, John Hennessy

Place of Business, 302 E. Lombard St *Address,* Bel Air avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

Permit No. 62160

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 12 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Luirk Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Tipperary Co. Ireland

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number.} 205 Lemmon Al.

Cause of Death, First, (Primary.) Chronic Synovitis of Knee Joint

Second, (Immediate.) Pyaemia & Exhaustion

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae

Date of Burial, December 13

Undertaker, J Kennaird

Place of Business, 32 North Liberty St

E. Meierhof M.D.,
Medical Attendant.

Address, 427 W. Fayette st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62161 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 12 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11/92

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred F. W. Kample

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* ..... *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 48 E Eutaw ave

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem.

Date of Burial, Dec

Undertaker, Kendelin Dippel

Place of Business, S. Bond & Pitt Address, 79 So. Broadway

J. L. Giustis M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62162 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M Dent

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 193 George st

Cause of Death, First, (Primary,) Renal Calculus

Second, (Immediate,) Pneumonia

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, St Marys county

Date of Burial, DEC 13 — 1882

Undertaker, Denny & Mitchell

Place of Business, 350 W Fayette

J Harvey Hill M. D.,
Medical Attendant.

Address, 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62163 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Clinton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2 Talbot Court

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Dallas St. Cemetery

Date of Burial, Dec 13th 1882

Undertaker, J. J. Lee

Place of Business, #73 Jefferson St

F. A. Faust M. D.,
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62164 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susannah Carroll

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 82 years

Place of Death, {Give street and Number.} 93 S. Bond

Cause of Death, First, (Primary,) Old Age — Fracture of Thigh

Second, (Immediate,) Pneumonia, Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 13th 1882. Geo. Ryder M. D.,

Medical Attendant.

Undertaker, Henry A. Mitchell

Place of Business, 68 S. Broadway Address, 712 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62166 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

1882

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Ruark

~~*Sex, Male or* Female,~~ { Cross out the word not required in this line. }

Age, 72 *Years,* ~ *Months,* ~ *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City. Md

Duration of Residence in the City of Baltimore, 72 years

Place of Death, { Give street and Number. } No 170. E. Lombard St.

Cause of Death, First, (Primary,) Asthenia

Second, (Immediate,) debility

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 13/1882

Undertaker, Fry & Sons

Place of Business, 101 W. Baltimore

W H Travers M. D.,
Medical Attendant.

Address, 154 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62166 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Morning Dec 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Freelie Christian Henry Newbert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 8 *Days.*

Color. White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation, N

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Cor Hudson & Curley Sts

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Exostion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, 5th Reformed Cemetery

Date of Burial, Dec. 13th 1882

Undertaker, J. C. Schultz

Place of Business, 245 Aliceanna St *Address,* 28 O Donnell St

J E Pritchard *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 62167

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

DEC 1882 BALTIMORE

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 8 2

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Priscilla E Wilkerson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltd Md since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 346 Hanover st

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 13/82

Undertaker, Armstrong & Denny

Place of Business, 263 Light

A W Dodge M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62768 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

DEC 13

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Landorf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 34 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 129 S. Edward

Cause of death, First, (Primary,) ——

Second, (Immediate,) Laryngitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem

Date of Burial, Dec 13th 1882

Undertaker, Wm Eilau

Place of Business, 101 Gay St

W. A. Atkinson M. D.,
Medical Attendant.

Address, 128 Edward

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62169 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decemb 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L Lorkin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Superintendt

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 163 N Carrollton Avenue

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, Dec 13th 1882

Undertaker, Henry Whitehurst

Place of Business, 550 N Fayette St

E Latimer M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2., *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 62178

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec^r 10^th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H. Garringer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 32 *Years,* 11 *Months,* 19 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Bank Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 54 Saratoga St.

Cause of Death, First, (Primary.) Tuberculosis.

Second, (Immediate.) Pneumonia.

Duration of Last Sickness, 3 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Dec. 13. 1882

Undertaker, Wm H. Heckman

Place of Business, 234 N. Gay St

Jno T. Lovell M.D.,
Medical Attendant.

Address, 227 Carrollton Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duly of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62171 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Parks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 109 Randall

Cause of Death, First, (Primary,) 0

Second, (Immediate,) Premature Birth

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec

{Undertaker, Harle

{Place of Business, ...

Geo. W. Dunbar M. D.,

Medical Attendant.

Address, City of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 6272 — *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ellicott's Mills

Duration of Residence in the City of Baltimore, ~~about 16 yrs~~

Place of Death, {Give street and Number.} 19 Cedar Row

Cause of Death, First, (Primary,) Phthisis Pulm

Second, (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial St Peters Cem.

Date of Burial, Dec 13th 1882

Undertaker, S M Shaw

Place of Business, 198 E Hanover

Wm B Turner M. D., Medical Attendant.

Address, NE Cor Green & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Louis Keifer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 50 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 189 Hollins St

Cause of Death {First, (Primary,)} Intemperance

{Second, (Immediate,)} Dropsy

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New cathedral cemetery

Date of Burial, Dec 15th 1882

Undertaker, Jos B Lord

Place of Business, No 707 N Baltimore st

F. F. Benson M. D.
Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62174 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dowd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* 8 *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 62 Dorsey Alley

Cause of Death, First, (Primary,) ~~Delirium~~ Septicaemia

Second, (Immediate,) Exhaustion - Bronchitis

Duration of Last Sickness, 25 days -

All the above Information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 14th 1882

Undertaker, Jos B Cook

Place of Business, No 707 N Baltimore Street

Clark Van Bibber M. D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62176 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 . 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named give names of parents.} Walter Stewart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 374 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlatina

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 13

Undertaker, H Ross

Place of Business, 95 Conway St

Thomas Cotter M. D., Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62176 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie S. Howell

~~Sex~~, male or ~~female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} No 9 E. Eutaw's Alley

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 13

Undertaker, H Ross

Place of Business, 75 Conway St

Geo. A. Straus M. D., Medical Attendant.

Address, 226 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

10

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th, 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Osmond H. J. Lecie

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* 15 — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 322 Lanvale St.

Cause of Death, {First, (Primary.) Diphtheria

{Second, (Immediate,)

Duration of last Sickness, Two days

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Cathedral

Date of Burial, 13th December | Wm. B. Rider, M. D.
Medical Attendant.

Undertaker, Matthews Cadaghan

Place of Business, 227 Hanover | *Address,* 196 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62178 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Irene Coleman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 95 E. Chase

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis of heart

Duration of Last Sickness, ten days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 14th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 275 E. Balto St.

E. P. Bond *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14

Permit No. 62179

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th December.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Linn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ~~Wholesale Clothier~~ Married.

Occupation, Wholesale Clothier.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bavaria.

Duration of Residence in the City of Baltimore, 42 Years.

Place of Death, {Give street and number.} 232 Carrollton Ave Balto

Cause of Death, First, (Primary.) Murbus Brightii

Second, (Immediate.) Asthenia

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Loyola St

Date of Burial, Dec 13

Undertaker, Wulau

Place of Business,

Henry T. Smith, *M.D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 62180 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Clarke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* eleven *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Balto St. 3 doors west of the Bridge

Cause of death, First, (Primary,) Laryngitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 14 December 188[illegible]

Undertaker, John C. Schuh

Place of Business, 165 Monroe, *Address,* 17 2 Broadway

Walter Wood M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No 62181 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Alice Kehoe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 10 *Months,* 17 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 87 E Lombard St

Cause of death, First, (Primary,) Heart disease & General Dropsy

Second, (Immediate,)

Duration of Last Sickness, Some times, under care say 4 to 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Dec 13

Undertaker, Andrews & Hodges

Place of Business,

J. Ridgway Andre M. D.,
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12/82.

Board of Health, City of Baltimore,

Permit No. 61848 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara M. Fredrick

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 23 ~ *Years,* 4 *Months,* ~~Days~~,

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} S. W. Cor Washington & Fayette st

Cause of Death, First, (Primary,) Disease of the Heart

Second, (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Dec 14th

Undertaker, Fred Gaede

Place of Business, 228 Caroline st

Thomas D. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

6

Permit No. 62183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, dear 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hall

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} N. Chester St 4th door from Monument

Cause of Death {First, (Primary,) Varicla

{Second, (Immediate,) congestion of Lungs

4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 13

Undertaker, Fry & Fuo

Place of Business, 611 N Broadway

Wm N Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

Board of Health, City of Baltimore,

Permit No. 62184 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonio Parent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} S. E. cor High & Lombard Sts

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial Dec 1882

A. Hrzpherter M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address,* 11 S 14th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 62785 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Ehrhardt.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 254 S. Charles St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Variola

Duration of Last Sickness, 10 days.

All the above Information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Dec 13.

Undertaker, H Brede

Place of Business,

R. J. McTall M. D.,
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62786 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Linder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 mos

Place of Death, {Give street and number.} 96 Fort ave

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 14th

Undertaker, P. Kelly

Place of Business, 82 West St.

L. Blacette M. D.,

Medical Attendant

Address, Fort Ave & Johnson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh E. Kessler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* 5 *Months,* 13 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Car Conductor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 135 Hamburg St

Cause of Death { First, (Primary,) Inflammatory Rheumatism (Heart
Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lewiston Park

Date of Burial, Decemb. 15

Undertaker, B. Plank

Place of Business, 62 West St

Robert S. Rowe M.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62188 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ Tuesday Dec 12-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Marley.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* eight *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always.

Place of Death, {Give street and Number.} No 116 Johnson St.

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Malformation

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 14

Undertaker, [illegible]

Place of Business, 82 West St

Louis (D) Horn M. D.
Medical Attendant.

Address, Cor Lombard & Ingleside av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 62189 *Office of Registrar of Vital Statistics.* Ward 13 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bond

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 5 Months

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 13/82

Undertaker, Fred A Kochner

Place of Business, 502 Carrollton Ave

FWest M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 62198

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 11 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter J Kennell

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} St. Joseph's Hosp

Cause of Death, First, (Primary.) Pericarditis

Second, (Immediate.) Rupture of heart

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Ev Odeon

Date of Burial, Dec 13

Undertaker, W J Coleman

Place of Business,

C. C. Stoffman M.D.,
Medical Attendant.

Address, St Joseph's Hosp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62191 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9— 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Suffa

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 21 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 52 S. Bethel st.

Cause of Death, First, (Primary,) variola hemorhagica

Second, (Immediate,) .....

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus

Date of Burial, Dec 13

Undertaker, W Coleman

Place of Business, ...

Dausch M. D.,
Medical Attendant.

Address, 317 B'way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62192 — *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Reed

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 Mo *Days,*

Color Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 Salsbury alley

Cause of Death, First, (Primary,) 0

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 13

Undertaker, A Wohlers

Place of Business,

Geo. W. Benson M. D.,

Medical ~~Attendant~~.

Address, Cor Fremont & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore,

Permit No. 62193 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 82

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna E. Lish

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 43 years.

Place of Death, { Give street and Number. } 213 Lexington St.

Cause of Death, First, (Primary,) General Debility

Second, (Immediate,) —

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemt.

Date of Burial, Dec. 14

Undertaker, Walter Inmme

Place of Business, 315 W. Biddle

H. Miller, M. D.,
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62794 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernst Flock

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 22 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and Number. } 512 Lemmon St

Cause of Death, { First, (Primary,) Typhoid

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 13 1882

Undertaker, J J Peck

Place of Business, 47 Forrest St

E J Meaine M. D., Medical Attendant.

Address, 832 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62195 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 14 1882

Date of Death, Dec 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dankhauer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 7 *Days,*

Color, W. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 132 E. Pratt St

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Dec 14th

Undertaker, W Dippel

Place of Business, 15 & 8 Bond

Dipple M. D.,
Medical Attendant.

Address, 132 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62196 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Schneider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} City Hospital.

Cause of Death, First, (Primary,) Cellulitis of Penis.

Second, (Immediate,) Unknown. [very sudden]

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial. Mount Carmel

Date of Burial. Dec 14 th

Undertaker, W Dippel

Place of Business, 150 S Broadway

E. Van Bibber M.D.

Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62197

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec^r 13-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence H. Walton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 8 *Months,* 24 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single.

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 352 E. Madison St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 14, 1882

Undertaker, Jos E Byrne

Place of Business, 63 Hanover

Jno. F. Powell M. D.
Medical Attendant.

Address 227 Canollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62798 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie McCourt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} S. W. Cor Monument & Bureau

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Croup

Duration of Last Sickness, 2 Week about

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 14 1882

Undertaker, Jno O'Byrne

Place of Business, 63 Fayette

Geo. Page M. D.,
Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 62199 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Hemje

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 250 Alice anna St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Five Days

All the above Information should be furnished by the Physician.

Place of Burial, German Ref. Cemetery.

Date of Burial. Dec. 17th 1882

John H. Kleinberger M. D.,
Medical Attendant.

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Anna

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62200 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Music

Sex, Male or Female, { Cross out the word not required in this line. } Widow

Age, 63 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Widow —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, { Give street and Number. } 42 [illegible] E. Fayette St

Cause of Death, First, (Primary,) Epilepsy Protracted Hernia

Second, (Immediate,) Strangulated Hernia

Duration of Last Sickness, Off & on for the last 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 15th 1882

Undertaker, John Lake

Place of Business, 166 Balto St

G A Bohrman, M. D., Medical Attendant.

Address, 84 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62201 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1882

CERTIFICATE OF DEATH.

Date of Death, December 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter James Hillyard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 21 *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Months & 21 Days

Place of Death, {Give street and Number.} 13 Temple St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Smothered in Bed

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14th 1882

Undertaker, Wm P Bunce

Place of Business, 62 East Pr

F. J. Connolly M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62202 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Birkholz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 10 *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Salt Lake City

Duration of Residence in the City of Baltimore, All of Life

Place of Death, {Give street and Number.} 256 W Pratt St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Dec 15th 1882

Undertaker, John Schultheis

Place of Business, 159½ Mulberry St.

H. H. Christian M. D.,
Medical Attendant.

Address, 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13 62203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th June 1882

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelly Norris

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ~~Years~~ Months, 4 weeks ~~Days.~~

Color, Negro

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 197 Lemmon alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 197 Lemmon alley

Cause of Death, First, (Primary.) Epilepsy Bronchitis

Second, (Immediate.) Convulsions Lung

Duration of last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 14

Undertaker, Hoss

Place of Business, 95 Lombard St

G. R. Butler M. D.
Medical Attendant.

Address, 326 Lemmon Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62204 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 14 1882

Date of Death, Dec. 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Hance

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 317 Hamburg St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 15

Undertaker, H Ross

Place of Business, Belomont & L

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 19

Permit No. 62205 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1882 BALTIM

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Ringold Phelps

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 11 *Months,* 27 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 58 N Stricker st

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 15 1882 Wm Correll M. D.,

Medical Attendant.

Undertaker, Carey & Mitchell

Place of Business, 550 W Fayette *Address,* 162 S Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 62206

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 14 1 1892 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, Dec 12, 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Smeeth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Yellow,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md,

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 3 McAleese Ct,

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Phthisis and Heart failure

Duration of Last Sickness, about 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 14th 1892

Undertaker, Wm F. Gray

Place of Business, 65 Mulberry St

H. P. Magoun M.D.,
Medical Attendant.

Address, 119 W. Monument St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6220 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 14, 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Bryant Booze

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 191 Central Ave Balto

Duration of Residence in the City of Baltimore, Entire Existence

Place of Death, { Give street and Number. } 244 Franklin St

Cause of Death, First, (Primary,) Cold. Scrofula

Second, (Immediate,) do

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial New Methodist Westminster Yard

Date of Burial, 15th December

Undertaker, Matthew Taylor Medical Attendant.

Place of Business, 227 Mulberry St *Address,* 64 N Poca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O Brien

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 209 King's Court

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Cerebro Spinal Meningitis 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 15th December

Jos. E. Clagett M. D.
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Hanover St *Address,* 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1882

CERTIFICATE OF DEATH.

Date of Death, December 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Ratcliffe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lawyer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} Boundary Ave near Johnson

Cause of Death { First, (Primary,) Senile decay,
Second, (Immediate,) 7 weeks.

Duration of last Sickness,

The above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 15th Dec. 1882

Geo. Ogle *M. D.*
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St *Address,* 229 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62218 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Wiseman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 N. Wolfe St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus

Date of Burial, Dec 15/82

Undertaker, Fay & Bro

Place of Business, 87 to Broadway

E. B. Tenby M. D.,
Medical Attendant.

Address, Eden & Biddle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62211 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Schleigh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 10 Plein Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 14th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av

J N Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6221 2 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Griffin

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, One Years. 3 Months Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 61 Short St

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, Dec 14/82

Undertaker, M. Coleman

Place of Business, Address, 105 N. [illegible]

H. N. Sauer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62215 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 14/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Gasmiller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 17 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wrightsville York Co. Pa.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and Number.} 253 East. av.

Cause of Death, First, (Primary,) Acute Meningitis

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, York. Pa.

Date of Burial, Dec. 15. 1882

Undertaker, Mc. A. Daiger

Place of Business, 74 S. Bway

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 14 1

Date of Death, 14th Dec. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} — Griffith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 15 months *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 28 Conway st

Cause of Death { First, (Primary,) Prolapsus Funis
Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Dec 14/82

Undertaker, STEWART & MOWEN,

Place of Business, UNDERTAKERS, 35 Park Ave.

H W Welch M. D.
Medical Attendant,

Address, 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

Permit No. 62215

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 14 1882 BALTIMO

Date of Death, December 3. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. S. Wroe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 2 Months

Place of Death, {Give street and number.} 317 Lexington St.

Cause of Death, First, (Primary.) Hypostatic Congestion of Lungs

Second, (Immediate.) with Edema

Duration of Last Sickness, Has been suffering from throat trouble for some time but death was due to congestion of Lung Superinduced by Cold

All the above information should be furnished by the Physician.

Place of Burial, Quantico Va

Date of Burial, Dec 10th 82

Undertaker, STEWART & MOWEN, UNDERTAKERS, 85 Park Ave.

Place of Business,

L. T. Scaff *M.D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62216 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 14 1

Date of Death, December 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Klepper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 10 *Years,* 1 *Months,* 18 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not requred in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 319 Bond st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Septicemia

Duration of Last Sickness, 24 hours

All the above Information should be furnished by the Physician.

Place of Burial, Balt Cemetary

Date of Burial, December 15th

Undertaker, Leonhard Bros

Place of Business, 277 S Bond St

Thomas P. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62217 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 14 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V Lancaster

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 3 *Years,* *Months,* *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1811 Iceland St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Charles St

Date of Burial. Dec 15

Undertaker J W Chase

Place of Business,

Geo. W. Benson M. D.,
~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No 62218 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC. 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bartholow M. Kegel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 167 S. Madeira St.

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Dec 14 82

Undertaker, C. France

Place of Business, 1 Bank & Wolfe St *Address,* 30 Light St.

Delaware *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62219 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 15 1882 BALTIMORE

Date of Death, Dec 14/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Ressler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2/5 *Years,* 1 *Months,* 4 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 265 W. Biddle St.

Cause of Death, First, (Primary,) Difficult Labor

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, U.B.P.I.

Date of Burial, Dec 15.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

Louis C. Hinn per E.H.K. M. D., Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62220 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kohler

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 206 S. Dallas

Cause of Death, First, (Primary,) Variola vera

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 14 da.

All the above information should be furnished by the Physician.

Place of Burial, Ev. Lutheran Cem

Date of Burial, Dec. 15. 1882

Undertaker, H. Sander Son

Place of Business, 202 Caton Ave

F. Fiathia M. D.,
Medical Attendant.

Address, 245 S. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62221 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 2112 Canton Av.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Lay'd St. Lazarus Camp

Date of Burial, Dec. 16. 1882 John H. Kellogg M. D.,

Undertaker, H. Sander Jr. Medical Attendant.

Place of Business 252 Canton Av. *Address,* 2134 Lin. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62222 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 15 1882

Date of Death, Dec 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 4 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. Virginia

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and Number.} 211 Hudson St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 15th 1882

Undertaker, M. A Dwyer

Place of Business, 74 E Bay

E. E. Williams M. D., Medical Attendant.

Address, 513 Eliot St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62123 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1892 BALTIMORE

Date of Death, Dec 14 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Leary

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shipping Master

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 170 Gough St

Cause of death, First, (Primary,) Influenza Followed by

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Town

Date of Burial, Dec. 15. 1892

Undertaker, M. A. Dwyer

Place of Business, 745 Bway

Edward P. McDevitt M. D.,
(Medical Attendant.

Address, 64 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Maines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and number.} 72 Hillen St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 15 1882

Undertaker, Jas O Byrne *Address* No 138 Eutaw St

Place of Business, 632 Lex

C S Mudson *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

Permit No. 62225

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Victor del. Gelabert

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, 44 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Capitalist

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 8 Fountain St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 17th Dec 1882

Undertaker, H. W. Jenkins & Sons

Place of Business, 75 N. Charles *Address,* 187 N Howard

Richd McSherry M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malvina A Honeywell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 189 North Fremont St

Cause of Death First, (Primary,) Enlargement & Induration of Liver

Second, (Immediate,) Jaundice Ending in Paralysis

Duration of last Sickness, About 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 17th Dec 1882

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, H W Lemmon & Bro

Place of Business, 76 E Pratt

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62227 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Moran

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 6 mos *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 116 S Hughes

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Dec 15

Undertaker, W. Clarke Son

Place of Business, ...

Geo. F. Jenkins M. D.,
Medical Attendant.

Address 611 S Hughes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No 62228

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15" 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William E. Mc Sloop

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Dennis Co.

Place of Death, { Give street and number. } 1 Marshall St

Cause of Death, { First, (Primary.) Small Pox / Second, (Immediate.) .....

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 16

Undertaker, B. Yund

Place of Business, 62 West St.

Dr. A. Carlo *M.D.,*
Medical Attendant.

Address, 323 Dolphin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62229 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Miller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, W

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and Number.} 32 abes al

Cause of Death, First, (Primary,) Small-pox

Second, (Immediate,) Nervous prostration

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cy

Date of Burial, Dec 15

Undertaker, B. Flach

Place of Business, 42 West St

R. A. P. Ellis M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1882

CERTIFICATE OF DEATH.

Date of Death, December 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Henry Allen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 0 *Years,* 3 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 870 William St.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 16

Undertaker, B Hartle

Place of Business, 42 West St.

Robert S. Lowe M. D.
Medical Attendant.

Address, 888 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62281 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1882 BALTIMORE

Date of Death, Dec. 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* — *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and Number.} 294 west Lombard st

Cause of Death, First, (Primary,) Accidental

Second, (Immediate,) Burns

Duration of Last Sickness, 12 hours

All the above Information should be furnished by the Physician.

Place of Burial, Fanham. Richmond Co. Va.

Date of Burial, Dec 16/82

J. K. Wiley *M. D.,*

Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 85 Park Ave. *Address,* 13 E. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 62282 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 15 1882 HEALTH DEPARTMENT BALTIMORE

Date of Death, 12th mo 14th Da 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Slade

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 227 N Central Ave

Cause of Death, First, (Primary,) ~~Do~~ Diphtheria

Second, (Immediate,) Septicaemia

Duration of Last Sickness, 5 Days

All the above Information should be furnished by the Physician.

Place of Burial Mt. Olivet Cemetery

Date of Burial Dec 16 1882

Undertaker, Wm A. Hickman

Place of Business, 234 N. Gay St.

Irving Miller M. D.,
Medical Attendant.

Address, 179 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62283 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola D Stoner

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 2 *Months,* 1 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kentucky

Duration of Residence in the City of Baltimore, 3 Mos

Place of Death, {Give street and Number.} 43 N Gilmor

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, A. A. County

Date of Burial, Dec 16th 1882

Undertaker, John S Thacher

Place of Business, No 158 Eastern Av

Edward Leake M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62234 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Dec 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Barker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 101 E. Madison St

Cause of Death, First, (Primary,) Acute bronchitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Dec 15th

Undertaker, H. C. Wickfield

Place of Business, 70 Greenmount Ave Address, 25½ Greenmount Ave

Wilmer Brinton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62735 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Pratt.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 43 *Years,* ... *Months,* ... ~~Days,~~

Color, Colored

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 191 Exeter st

Cause of Death, First, (Primary,) Paralysis. (Immediate Cause)

Second, (Immediate,) (Tumor in the Brain) (Primary Cause)

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 15th 1882

Undertaker, W. M. Lingan

Place of Business, 69 E. Lexington St.

Thomas J. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 6236

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Hoffman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} N 7 S. Hallen St

Cause of Death, First, (Primary.) Had been in delicate health some years

Second, (Immediate.) Bronchitis and Emphysema

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Dec 15th 1882

Undertaker, Jos. B Cook

Place of Business, No 707 W Baltimore Street

James Dinutap M.D.,
Medical Attendant.

Address, N 44 N Pacas St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62237 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cath E Butler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* / *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 73 Hallins

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, 5

All the above information should be furnished by the Physician.

Place of Burial, Steter

Date of Burial, Dec 16

Undertaker, J B Cook

Place of Business,

Geo. W. Brown M. D.,

~~Medical Attendant~~

Address 1 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Geo E Brunning

Board of Health, City of Baltimore,

Permit No. 62238 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th. 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Mathews.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 42. (?) *Years,* *Months,* *Days,*

Color, Colored.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Barber.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, Chargeable.

Place of Death, { Give street and Number. } City Hospital.

Cause of Death, First, (Primary,) Aortic Insufficiency of valves.

Second, (Immediate,) Asphyxia + Anthrax.

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, E B Ellen

Date of Burial, Dec 15

Undertaker, W Coleman

Place of Business,

E. Bonsall M. D.,
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62239 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Sokup

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U S

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 497 Thames St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Dec. 16th 82

Dr Smith Kelbaugh *M. D.,*
Medical Attendant.

Undertaker, G. Frances

Place of Business, Davis & Wells *Address,* 203 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62240 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 15 1892 BALTIMORE

Date of Death, Dec 15th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elwood Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 314 N Eutaw St

Duration of Residence in the City of Baltimore, Brought to be cured day previous afternoon.

Place of Death, {Give street and Number.} 314 N Eutaw St

Cause of Death,

First, (Primary,) I don't know. He was found dead This morning about 6 o'clock

Second, (Immediate,) His mother had missed it about 2 o'clock in the night when she observed it breathing short & difficult. I should think it had a congestion of lungs.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Back Cemetery

Date of Burial, Dec 16th 1892

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

W. D. Booker *M. D.,*
Medical Attendant.

Address, 152 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

13 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 15. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Flora White

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 432 Lexington St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 4 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, Dec 16th 1882

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St.

J. W. C. Cuddy M. D.
Medical Attendant.

Address, 137 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62242 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 92

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John A. H. & Mc Enehey

Sex, Male or Female, { Cross out the word not required in this line. } male.

Age, Years, 14 Months, — Days,

Color, white.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 89 Lemon st.

Cause of Death, First, (Primary,) Contusion with Capitlary Catarrh

Second, (Immediate,) Cerebral Congestion - Convulsions

Duration of Last Sickness, Total 5 days.

All the above information should be furnished by the Physician.

Place of Burial, ~~St Peters Cemetery~~ Old Cathedral

Date of Burial, Dec 16

A. H. Layton M. D.,
Medical Attendant.

Undertaker, Joseph B Cook

Place of Business, 707 W Pratt Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6624 3 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick H. Gilmore

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Ireland, Sixty years

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Chronic interstitial nephritis

Second, (Immediate,) Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, ~~St Patrick's~~ Cemetery St Vincents

Date of Burial, Dec 15

Undertaker, L B Cook

Place of Business, 707 West Balto

C. W. Mitchell M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62244 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 15 1882

CERTIFICATE OF DEATH.

Date of Death, December 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and Number.} 117 South Hanover St.

Cause of Death, First, (Primary,) Cirrhosis of the Liver

Second, (Immediate,) Ascites

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Dec 17th 1882

Undertaker, Denny & Mitchell

Place of Business, 350 W Fayette St

Jno Morris M. D.,
Medical Attendant.

5 [illegible]
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13

Board of Health, City of Baltimore,

Permit No. 62245

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 15 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Myrtle Grue

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} 58 N. Poppleton st.

Cause of Death, First, (Primary.) Scarlatina Anginosa

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 16

Undertaker, J B Cook

Place of Business, 707 W Balto *Address,* 427 W. Fayette st

E. H Meierkey. *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6242 6 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 15. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw Sparks Knighton

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, white

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, Twenty-one yrs.

Place of Death, {Give street and Number.} 90 S. Eden St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two yrs.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 18 - 1882

Undertaker, N. F. Curran

Place of Business, 553 S Broadway

G. G. Lusk M. D.,
Medical Attendant.

Address, Bal. & Wash. Rd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62241 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sanford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saw Stone

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and Number.} 154 E. Fee

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, Since Dec 10

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Dec. 15

James E Donville M. D.,
Medical Attendant.

Undertaker, Harold Piper

Place of Business, S. Bond St. 151 *Address,* 296 Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That, whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 622418 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC. 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Stofel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 100 S. Bond St.

Cause of death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 17th 1882

Undertaker, Wm. Fickhaus

Place of Business, 258 Alice Anna St

J. H. Cotteaberg M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62249 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th December 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Meisenzahn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 9 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} S. Wolfert & 117.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 3 ~~of~~ days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, Dec. 16th 92

William Henkel M. D., Medical Attendant.

Undertaker, G. Franz

Place of Business, Bentz & Wolfert *Address,* S. Wolfert & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 62250 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1892 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. Evans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 18 Months, Days.

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 278 Greenmount Ave

Cause of death, First, (Primary,)

Second, (Immediate,) Rheumonia

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 16th

Undertaker, H. C. Windsfield

Place of Business, 90 Greenmount Ave *Address,*

Wm Whitridge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62267 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman C. Gruter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 17 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 210 Cor Dibbles & Fulton Street

Cause of Death, First, (Primary,) Broncho Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Dec 6) 1882

All the above Information should be furnished by the Physician.

Place of Burial Balto. County

Date of Burial. Dec 17th, 82

Undertaker, Wm. H. Hickman

Place of Business 234 W. Gay St.

C. W. Elmer M. D.,
Medical Attendant.

Address, 1 E. Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62252 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Lightner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 194 S Bethel St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 16 December

Undertaker, Jacob Bucher

Place of Business, 224 Eastern Ave

Edward Ashbury M. D.,
Medical Attendant.

Address, 211 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 11283

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 16 1892 BALTO

CERTIFICATE OF DEATH.

Date of Death, December 16th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H. Meeth Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always Lived

Place of Death, {Give street and number.} 21 Marshall St

Cause of Death, First, (Primary.) Cancer Pox

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 18

Undertaker, B. Hurl

Place of Business, 42 West St

C. A. Cocke *M.D.,*
Medical Attendant.

Address, 210 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 62257

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec, 15th, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas W. King

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto., Md.,

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 444 N. Washington st

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.) Epistaxis

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dezemb 17

Undertaker, W. Hart

Place of Business, 42 West St

W. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E Pratt st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 62265

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14: 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Huppmann

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 201 Hoffman st

Cause of Death, First, (Primary.) Cerebral Effusion

Second, (Immediate.)

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Saturday Dec 16th

F. C. Williams M.D.,

Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...rd of Health, City of Baltimore,

Permit No. 62256 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} 10 Wintel st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemty

Date of Burial, Dec 16/82

Undertaker, H. Rose

Place of Business,

Geo. W. Benson M. D.,

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Inspector

[illegible] of Health, City of Baltimore.

Permit No. 6227 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th. December 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Kmitsthach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 9 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow or Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} Lancaster Street 48.

Cause of Death, First, (Primary,) Pleuro Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Coop,

Date of Burial, Dec. 16

Undertaker, W. Bippel

Place of Business, S. Bond 561 *Address,* S. Wolfert 117

William Henkel M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14 Decbr 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Savage

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Forty Two *Years,* Two *Months,* Sixteen *Days.*

Color, white

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, O

Birthplace, {State or country, (and how long in the United States. If of foreign birth.} Portsmouth Virgin.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number} 273 Gough St.

Cause of Death, First, (Primary,) Disease of Heart with valvular lesions

Second, (Immediate,) Dropsy Exhaustion

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Portsmouth Va

Date of Burial, Dec 16th 1882

G. E. Pape M. D

Medical Attendant.

Undertaker, J E McLaughlin

Place of Business, 320 Bank Av *Address,* 533 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6225 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 15, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sol Chester

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 6 Winter St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 15

Undertaker F Kerdiner

Place of Business, ...

T. W. Booze M. D.,
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62260 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 15 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizabeth Watson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* 5 *Months.* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 63 Eastern Avenue

Cause of death, First, (Primary,) Leucocythemia

Second, (Immediate,) Asthenia

Duration of Last Sickness, Over one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec. 19th 1882.

Undertaker, Peter Frey

Place of Business, 91 Eutaw St

Jno. S. Smith M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62261 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdeline Farr

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 694 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 17th 1882

Undertaker, Julius Koethes

Place of Business, Sharpe Bros

Theodore Cotter M. D.,
Medical Attendant.

Address, 496 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62262 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1892 HEALTH

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sanna Sapp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 63 Donnell

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 16th 92

Undertaker, C. Franc

Place of Business, Banks & Wolf *Address,* 53 E Monument St.

E J Hilliary M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rtificate.

Board of Health, City of Baltimore,

Permit No. 62263 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th, 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augustus Hand

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1224 Gaul St

Cause of Death, { First, (Primary,) Variola

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 18th 92

Undertaker, G. France

Place of Business, Bond & Wolfe

Address, 1515 Pennsylvania Ave

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Certificate.

Board of Health, City of Baltimore,

Permit No. 62264 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1882 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria J Van Deusen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~M~~ F

Age, 57 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ~~M~~ S ~~W~~

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 135 Camden St

Cause of Death, First, (Primary,) Cirrhosis of Liver

Second, (Immediate,) .....

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Dec 17th 1882

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

James Bosley M. D.,
Medical Attendant.

Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...is Certificate.

Board of Health, City of Baltimore,

Permit No. 62265 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie W. Preese

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 4 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 142 S. Chapel

Cause of Death, First, (Primary,) Varicla

Second, (Immediate,) Asthenia

Duration of Last Sickness, Nine (9) days

All the above Information should be furnished by the Physician.

Place of Burial, City

Date of Burial, Dec 16th 1892

Undertaker, H. Sanderson

Place of Business 252 Canton Ave *Address,* 172 S. Broadway

J. L. Kittens M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62266 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emily Shelley

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 87 — *Years,* *Months,* *Days.*

Color,

~~Married,~~ Single, ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pa

Duration of Residence in the City of Baltimore, 59 yrs

Place of Death, { Give street and Number. } Ages Womens Home Lexington & Calhoun Sts -

Cause of Death, First, (Primary,) Senile Decay

Second, (Immediate,) 3 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cem

Date of Burial, Dec 17th 1882

Undertaker, Hesselbacher & Sons

Place of Business, 75 N Chas St

Geo H Cook M. D.,
Medical Attendant.

Address, Hamby Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62267 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Weber

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Six *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 93 Low St

Cause of Death, {First, (Primary,) Small Pox.
Second, (Immediate,) Convulsions

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial E. P. Cem

Date of Burial, Dec 16

Undertaker W. Coleman

Place of Business, ———

Francis A. Jones M. D.
Medical Attendant.

Address, 108 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 62268 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Coleman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Richmond

Duration of Residence in the City of Baltimore, Last time Since six months ago

Place of Death, {Give street and Number.} 33 Courtland St

Cause of Death, First, (Primary,) Epilepsy

Second, (Immediate,) Pulmonary consumption

Duration of Last Sickness, has been ill for some years has been in bed for 2 months

All the above Information should be furnished by the Physician.

Place of Burial, Phila Pa

Date of Burial, Dec 16

Undertaker, J. W. McCaughey

Place of Business,

J. W. Simms M. D.,
Medical Attendant.

Address, 242 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62269 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 16 1882 BALTIMORE

Date of Death, Dec 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Long.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Express Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} City Hospital.

Cause of Death, First, (Primary,) Comp. Comm. fracture of L. L. Ulna & Radius

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, 1 wk 2 da.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem'y

Date of Burial. Dec 17 82

Undertaker, Wm Weaver

Place of Business,

Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62270 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. M. Ray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 6 *Years,* — *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Anna Rundel Co.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 135 Chesapeake Ave

Cause of Death, First, (Primary,) Obstruction of Bowels

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Nat. Cem.

Date of Burial. Dec 17/1882

I, J. Snell, M. D., Medical Attendant.

Undertaker. J. B. Cook

Place of Business, 707 W Balto St. *Address,* 143 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

... ...'s Certificate.

Board of Health, City of Baltimore,

Permit No. 6227 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Coyle

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 10 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 73. N. Stricker

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Dec. 16 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

Edw. F. Michaelson M. D.,
Medical Attendant.

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

5.

Board of Health, City of Baltimore,

Permit No. 62272

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Taylor.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——— ✓

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} 197 Central Ave,

Cause of Death, First, (Primary.) Diphtheritic Croup.

Second, (Immediate.) ———

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 17. 1882

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

J. T. Scarff *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...this Certificate.

Board of Health, City of Baltimore,

Permit No. 62273 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Hildebrandt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 51 Monroe st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Rheumatism

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co

Date of Burial, Dec 17

Undertaker, Mrs Leonard

Place of Business, ...

Geo. W. Benson M. D.,

Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

this Certificate.

Board of Health, City of Baltimore,

Permit No. 62274 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1882 BALTI

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Francis Fruhauf

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* 4 *Days,*

Color, Blacke.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 66. Vincent Alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 66. Vincent Alley

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Jewish Cemetery

Date of Burial, Dec 16 1882

Undertaker, William Nburg

Place of Business, No 62 East Bal

Truman F Hill M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 62276

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Doritzen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, three *Years,* four *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bucks Co.,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 52 E Bruce Pl

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, Three (3) Month

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, Dec 16 1882

{*Undertaker,* William V Dunge

{*Place of Business,* No 62 East St

J. A. Shinn *M.D.,*

Medical Attendant.

Address, # 1. N. Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4

Board of Health, City of Baltimore,

Permit No. 6216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Chase

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* 4 *Months,* *Days.*

Color, White

~~Sex,~~

~~Married, Single,~~ *Widow* ~~or Widower;~~ {Cross out the words not required in this line.}

Occupation, Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No 47 Front Street

Cause of Death, {First (Primary,) ; Second (Immediate,) Phthisis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Monday Dec 18th 1882

L D Mackenzie M. D.
Medical Attendant.

{*Undertaker,* George Schilling
{*Place of Business,* Cor Aisquith & Monument Sts *Address* 67 Franklin St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

... Physician in the Record Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62277 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Virginia Mason

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 14 *Days,*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 147 Rabun St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Str

Date of Burial, dec 16 1882

Undertaker, H Ross

Place of Business, 95 Conway

C. N. Neff M. D.,
Medical Attendant.

Address, 306 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62278 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1882 BALTIMORE

CERTIFICATE ~~OF~~ DEATH.

Date of Death, Dec. 5th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Tyler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and Number.} 93 Eu St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Shark St.

Date of Burial, Dec. 17 82

Undertaker, David W. Chase

Place of Business, 198 Howard

R. M. Hall M. D.,
Medical Attendant.

Address, 26 E. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62279 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred Faul

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 129 S Broadway

Cause of Death, { First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cem.

Date of Burial, Dec 17th 1882

Undertaker, L. Ritz

Place of Business, 129 S. Broadway.

Medical Attendant. *M. D.,*

Address, 118 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

9

Board of Health, City of Baltimore,

Permit No. 62280

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 16 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15/892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 4 *Months,* 19 *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 37 St Paul St

Cause of Death, First, (Primary.) Gastritis

Second, (Immediate.)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 16

Undertaker, F Kerdiner

Place of Business,

Thos. J Ward *M.D.,*

Medical Attendant.

Address, 147 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Certificate.

Board of Health, City of Baltimore,

Permit No. 62281 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1882

CERTIFICATE OF DEATH.

Date of Death, December 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Burns

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 173 E. Pratt St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Dec 15 1882

Undertaker, James P Byrne

Place of Business, No 63 N Front St

J L Grafe M. D.,
Medical Attendant.

Address, 137 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Death Certificate.

Board of Health, City of Baltimore,

Permit No. 62282 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Thos Armstrong

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 27 S. Front

Cause of Death, First, (Primary,) Croupous Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, Dec 18 1882

Undertaker, Jas O'Byrne

Place of Business, 687 Hull *Address,* 17 N Eutaw

Geo W Lynch *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Certificate.

Board of Health, City of Baltimore,

Permit No. 62283 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M. Worley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nearly all her life

Place of Death, {Give street and Number.} N. 697 W. Fayette St

Cause of Death, First, (Primary,) Disease of the Heart

Second, (Immediate,) Dropsy

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, Dec 17th 1882

Undertaker, Henry & Mitchell

Place of Business, 50 W Fayette St *Address,* No 97 E Chas St

Thomas Shearer M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62784 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schlingler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 Years 10 Years

Place of Death, {Give street and Number.} 186 Bank St

Cause of Death, First, (Primary,) Pistol Shot wound to abdomen (suicide)

Second, (Immediate,) Hemorrhage (Internal)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec 17th

Undertaker, W Loeffler

Place of Business, 157 S Broad

Ra W. Wood M. D.,
Medical Attendant.

Address, 1067 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62186 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Schpangler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and Number.} 156 Bank St

Cause of Death, First, (Primary,) Pistol Shot in the Abdomen

Second, (Immediate,) (Murdered)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem

Date of Burial, Dec 17th

Undertaker, W L Diffel

Place of Business, 151 & 153 Bond *Address,* Nov 6 / Exam to St

Chas H Mott M. D.,
Times Ed Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...rtificate.

Board of Health, City of Baltimore,

Permit No. 62286 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Elizabeth

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 50 *Years,* 8 *Months,* 9 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, housework

Birthplace, { State or country, and how long in the United States, if of foreign birth. } German

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and Number. } 100 S. Wolfe

Cause of Death, First, (Primary,) Carcinoma uteri

Second, (Immediate,) Marasmus

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, H. Hebrew Cemetery

Date of Burial, Dec 19 1882

Undertaker, Wendel Dippel

Place of Business, S. Bond *Address,* 244 Bethune

J. Statham M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62287 *Office of Registrar of Vital Statistics.* Ward 5 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEC 17 1882
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Miller

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 71 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Tailoress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 148 N Central Ave

Cause of Death, First, (Primary) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bal Cem.

Date of Burial, Dec 18/82

Undertaker, H. Schuttgtheis

Place of Business, 261 E. Monument St.

F W Glover M. D.,
Medical Attendant.

Address, 1 Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62288 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1882 BALTIMORE, MD.

Date of Death, Dec. 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hoene

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 264 Eastern Ave.

Cause of Death, First, (Primary,) Diphtheria accompanied by Croup.

Second, (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetri

Date of Burial, Dec 17 1882

John H. Rehlinger M. D., Medical Attendant.

Undertaker, John Heuring

Place of Business, 382 Eastern Ave *Address,* 2113 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ...

Board of Health, City of Baltimore,

Permit No. 62289 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 16 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Barber

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 16 *Years,* — *Months,* — *Days,*

Color, Col'd

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Caroline Co Md

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, { Give street and Number. } 9 S. Little Church St

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Small Pox

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 17 1882

Undertaker, H. Roes

Place of Business, Conway St

Geo. W. Simon M. D.

~~Medical Attendant~~ Commissr of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 17 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna W. Hartman

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} female

Age, 58 *Years,* 7 *Months,* ..... *Days.*

Color, white

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 125 W Biddle st.

Cause of Death First, (Primary,) Hypertrophy of Heart (Dilatation,

Second, (Immediate,) Oedema pulmonis:

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 18

Undertaker, C. H. Bohde

Place of Business, 45 Penna Ave

[illegible] M. D.
Medical Attendant.

Address, 177 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 62291

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 17 1882 BALTIMORE, MD.

Leonard

CERTIFICATE OF DEATH.

Date of Death, 16 Dec 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kathe Leman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } W

Occupation, Baltimore

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 44 Orleans St

Cause of Death, First, (Primary.) Variola

Second, (Immediate.)

Duration of Last Sickness, ab. (3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 17

C Mühlmann *M.D.,*

Medical Attendant.

Undertaker, Fry & Lyd

Place of Business, 81 & Broadway *Address,* 84 Aliceanna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62494 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 17 1882 BALTIMORE, MD.

Date of Death, Dec 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Two Children of George Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male and Female

Age, ____ *Years,* ____ *Months,* 5 hours & 10 hours *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 22 Bimnie St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 22 Bimnie St

Cause of death, First, (Primary,) Convulsions Inanition

Second, (Immediate,) do do

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, 1st E. L. Cem.

Date of Burial, Dec. 17. 1882

Undertaker, Sanderson

Place of Business, 252 Aisquith

J E Richards M. D., Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62293 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 17 1882 BALTIMORE, MD.

Date of Death, Dec 16 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Geo Hassa

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ——— Years, ——— Months, ——— Days,

Color, white

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Balto City Lyf Ins Co Bunting St

Cause of Death, { First, (Primary,) Second, (Immediate,) } Inanition (Atrophy)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Ist Evang Cem

Date of Burial, Dec 7. 1882

Undertaker, H. Sanders

Place of Business, Caulis a

Address,

J. E. Pritchard M. D.,
Medical Attendant.
Arthurs

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 62294 *Office of Registrar of Vital Statistics.* Ward 5 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 17 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Loveday

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* 8 *Days,*

Color, col

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 87 East 2d

Cause of Death, First, (Primary,) ~~Abdominal~~ Inflammation Hernia

Second, (Immediate,) Peritonitis

Duration of Last Sickness, ~~Several Years~~ 4 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, December 14 1882

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Wilhelm & Bunger

Place of Business, 62 East St

Address, 124 N Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62295 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Decbr 16th 11. am 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Joseph Reeves

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* less than a day *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 247 S Bond St

Cause of Death, First, (Primary,) Instrumental

Second, (Immediate,) Pressure for Instruments.

Duration of Last Sickness, few hours

All the above information should be furnished by the Physician.

Place of Burial, Bl Mt Olivet

Date of Burial, Dec 17th

Undertaker, W Disnel

Place of Business, 157 E Pratt

F A Dohme M. D., Medical Attendant.

Address, 8 E Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 62296 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 15 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Hünicken

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 4 *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 N Liberty

Cause of death, First, (Primary,)

Second, (Immediate,) Meningitis cerebri

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 18 11a 1882

Undertaker, Ernst Schlosser

Place of Business, 200 Sharp *Address,*

L Billstein M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62297 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 17 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Hefle,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Lee Shille, Bank St.

Cause of Death, First, (Primary,) Variola confluens

Second, (Immediate,) Croup

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius Cem

Date of Burial, Dec 16 82

Undertaker, G. Franco

Place of Business, Bank & Holl

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt. & Stirl. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62498

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT DEC 17 1882 BALTIMORE, MD.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Nash

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} 21 Marshall st

Cause of Death, First, (Primary.)

Second, (Immediate.) Croup — Dysp

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 16

Undertaker, R. Hurd

Place of Business, 62 West st *Address,* 573 Light

Chas. Cooke *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62299 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 17 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, December 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} No Given Upton Connolly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ ~~Days,~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 8 Bruce St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Coma

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 17 1882

Undertaker, William C. Lecompte

Place of Business, 62 East St

J. C. Thruston M. D., Medical Attendant.

Address, 41 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of the Undertaker is called to the Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62300 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Christian Heinrich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Retired Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 29 S Caroline st

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, 17th of December.

Undertaker, Fred Graede.

Place of Business, 29 S Caroline st *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62301 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 17 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 16 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ludwig D. Lohmuller

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 79 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, abt 45 Years

Place of Death, { Give street and Number. } 110 N. Broadway

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Exhaustion

Duration of Last Sickness, abt 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, 18th of December

Undertaker, Fred Gaede.

Place of Business, 29 S. Caroline st *Address,* 67 E Baltimore

Chas M. Hoffe M. D.,
Coroner
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62304 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 17 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Moeser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, wht

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, cigar maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and Number.} 14 Mount st.

Cause of Death, First, (Primary,) Cancer of liver

Second, (Immediate,)

Duration of Last Sickness, 6 mo.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Dec. 18/1882

Undertaker, J. Block

Place of Business, 707 W. Balto St

G Lane Tanyhill *M. D.,* Medical Attendant.

Address, 219 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Law ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62303 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 17 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eda Coyle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* — *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 73 N. Henry St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, One week —

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Dec 17 1882

Undertaker, J B Cook

Place of Business, 709 E Balto St

Edwd J. McSherry M. D., Medical Attendant.

Address, 283 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62304 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 17 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Weaver

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 5 Myers' Court

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem.

Date of Burial. Dec. 19, 1882

Undertaker, M. A. Daige

Place of Business, 44 S. Bway

John H. Cahlerjen M. D.
Medical Attendant.

Address, 248 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 62305 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 17. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Frommer

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 103 N. Chester St.

Cause of death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Dec 18 1882

Undertaker, Julius Hennig

Place of Business, 982 Orleans St

J. H. Ellenberg M. D.,
Medical Attendant.

Address, 367 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62306 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1882 BALTIMORE

Date of Death, Dec. 18 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Kippan

~~Sex,~~ Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 26 *Years,* — *Months,* *Days,*

Color, Wht

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25

Place of Death, { Give street and Number. } 53 h. Caton

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, Dec 18 1882.

Undertaker, John Heaver

Place of Business 382 Orleans St

Attended M. D.,

Medical Attendant.

Address, 245 S. Dallas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...Special Attention of ... ...k of this Certificate.

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch H Lowrance

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3yr 4 Months

Place of Death, {Give street and number} 40 S. Eden St

Cause of Death First, (Primary,) Variola

Second, (Immediate,)

Duration of last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mound

Date of Burial, Dec 18/82

Undertaker, Fry & Rice

Place of Business, 811 Broadway

S. H. Martin *M. D.*
Medical Attendant.

Address, 133 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2308 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hunis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 35 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Not Known

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis Heart disease

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters County

Date of Burial. Dec 16 1882

Undertaker, Fred A Kuehnel

Place of Business, #50 Lexington

F West M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62369 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 18 1882 HEALTH DEPT. BALTIMORE

Date of Death, Dec 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Collins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 71 N. Duncan Alley

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Dec 18th 1882

Undertaker, M. Coleman

Place of Business,

Geo. W. Emory M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Items in Bold Type on the Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62310 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 1882 BALTIMORE

Date of Death, Dec 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebeka Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days,*

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~A~~ Virginia

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and Number.} 65 S. Charles St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Dec 16/82

Undertaker, F. A. Kerchner

Place of Business, 50 S. Carrollton Av

Geo. W. Brown M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. W. Brown
Physician

Special Rate ... ck of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62311 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Rines

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 40 *Years,* — *Months,* — *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Paralysis from albuminatus

Second, (Immediate,) Asthenia degeneration of cerebral arteries

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, Dec 16 1882

Undertaker, Geo A Kuchmer

Place of Business, 50 S Carrollton Ave

F West M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special ... back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6231/2 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O Donnel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 70 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, School Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, not Known

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) asthenia

Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Dec 16 1882

Undertaker, Pro A. Kuhner

Place of Business, 50 S Carrollton Ave

J West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62313 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Yates

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, About 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Not Known

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, West Pubic Cemetery

Date of Burial, Dec 16/1882

Undertaker, Fred A Kuehnen

Place of Business, 50 S Carroll to Office

West M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62814 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O Raymond

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 36 W Pratt St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Dec 18

Undertaker, J S Mosher

Place of Business,

Chas V. Dunton M. D.,

Medical ~~Attendant~~.

Address, Cor of Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department. City of Baltimore,

Permit No. 62315 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert N Fuller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 170 ~~706~~ N Gohr St

Cause of Death, First, (Primary,) Inflammation of Intestinal Canal

Second, (Immediate,) Peritonitis (

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 18th 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

Edmund R Walker M. D.,
Medical Attendant.

Address, 183 Lumbard ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62316 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12.18.82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith May White

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 24 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now living in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Ovr 3 mo 24 dys

Place of Death, {Give street and Number.} 432 ~~East~~ N Lexington

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 19th 1882

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

Phil. Cashman M. D., Medical Attendant.

Address, 849 Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62317 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ...

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, ... *Years,* ... *Months,* ... *Days,*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ...

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} ...

Cause of Death, First, (Primary,) ...

Second, (Immediate,) ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Lowe

Date of Burial, Dec. 18 1882

Undertaker, H. Saunders & Son

Place of Business 252 Central Ave

M. D., Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when [illegible] comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attent... back of this Certificate.

2 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Earnest

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 134 S. Caste St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 134 S. Caste St.

Cause of Death First, (Primary,) A little obscure - last indisposed 2 or 3 days

Second, (Immediate,) Le Small Pox - Eruption Difficult

Duration of last Sickness, Twenty days

All the above information should be furnished by the Physician.

Place of Burial, Evangelic Cem.

Date of Burial, Dec. 18th 1882

A. J. Faust *M. D.*
Medical Attendant.

Undertaker, H. Sanders & Son

Place of Business, 252 Baltimore St. *Address,* 169 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62319 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Saunders

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1625 Lancaster St.

Cause of Death, First, (Primary.) Spasms

Second, (Immediate.) .....

Duration of Last Sickness, One Hour

All the above information should be furnished by the Physician.

Place of Burial St. Michaels Cem.

Date of Burial, Dec. 18th 1882

Undertaker, H. Sanders & Son

Place of Business, 252 Canton Ave. *Address,* 424 Baltimore

C. Gatch, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 62320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

2 62320

Permit No. 62320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th December 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linna Ham

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 Years, 10 Months, Days.

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 256 S. Bond St.

Cause of Death { First, (Primary,) Second, (Immediate,) Catarrhus suffocativus.

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 18th 1882

Robert Antho... M. D.
Medical Attendant.

Undertaker, H. Saunderson

Place of Business, 252 Eastern Ave Address, 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 62821

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th Dec 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. Ridgely Barr jr

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* 10 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Bookkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ~~142 D~~ always

Place of Death, {Give street and number.} 142, Bolton St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 18 Dec

E. Ridgely Barr
Medical Attendant.

Undertaker, Junkins

Place of Business, No 75 N Charles. *Address* 142 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62322 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12.16.82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Savina (?) Dixon

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days,*

Color, Blk

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 23 mos

Place of Death, {Give street and Number.} 229 Chesnut al.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial. Dec 18 1882

Undertaker, William Lange

Place of Business, No 62 East St

Lewis Eshman M. D.,
Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62323 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 9 Short St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial Lynn Cemetery

Date of Burial Dec 18 1882

Undertaker, William Lange

Place of Business, No 628 Saint

T. A. Sauer M. D.,
Medical Attendant.

Address, 105 E. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

17

Board of Health, City of Baltimore,

Permit No. 62824

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edelia Grier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 10 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Cetty

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 53 Johnson St

Cause of Death, First, (Primary.) Typhoid Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem etery

Date of Burial, December 19

Undertaker, B. Mark

Place of Business, 82 West St

C. E. Bobb M.D.,
Medical Attendant.

Address, 58 Hanover Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62325 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McMullan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 118 E. Lombard St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Angina pectoris

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 19 1882

Undertaker, Jas E Byrne

Place of Business, 63 Franklin

[signature] M. D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62326 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 18 1882 BALTIMORE

Date of Death, Dec 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bias

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and Number.} 5 Barre St

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Quantion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18. 82

J. A. Gillis M. D.,

Medical Attendant.

Undertaker, Chas Hemsley

Place of Business, Merchants *Address,* 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6237 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 2

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Kurtz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 1 *Years,* about *Months,* ~~*Days.*~~

~~*Color,*~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 or 30 yrs

Place of Death, {Give street and number.} 102 Fredk ave

Cause of death, First, (Primary,) (Probably) Cerebral Tumor

Second, (Immediate,) Eclampsia

Duration of Last Sickness, A year or more

All the above information should be furnished by the Physician.

Place of Burial, ~~Lost Home~~ Bonny Brea

Date of Burial, 18 Decbr.

Undertaker, John H Ries

Place of Business, 858 W. Pratt st

E. C. McDowell M. D.,

Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Bailey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Thirty (30) years

Place of Death, {Give street and number.} 158 Arlington Ave. Balto.

Cause of Death, First (Primary,) Central Disease & Senile Insanity.

Second (Immediate,) Exhaustion from old age & Mania

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cty

Date of Burial, Dec' 18th 1882

Undertaker, John S. Macher

Place of Business, No 150 Canden

Wm H Likes. M. D.
Medical Attendant.

Address 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 62329 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 17, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Moseley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 W. Castle St.

Cause of Death, First, (Primary,) Variola Confluens

Second, (Immediate,) Meningitis

Duration of Last Sickness, Unknown to Statist

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Dec. 18th 82

Undertaker, G. France

Place of Business, Bann & Wolfe's

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt. & Mart Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention [illegible] this Certificate.

Board of Health, City of Baltimore,

Permit No. 62330 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Laudeman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 3 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, since born.

Place of Death, {Give street and Number.} 3 Monument

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, 13 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Thomas Ceme

Date of Burial, Dec. 18th 82

Undertaker, G. Frazer

Place of Business, Bank & Wolfe *Address,* 1711 E. Baltimore

D. L. Griffin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62381 *Office of Registrar of Vital Statistics.* Ward VI

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Dels

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and Number. } 97 Fairmount Ave.

Cause of Death, First, (Primary,) Variola confluens

Second, (Immediate,) Hemorrhagis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial. St Thomas Rom

Date of Burial. Dec. 18th 82

G. G. Kirk M. D.,

Medical Attendant.

Undertaker, G. Thomas

Place of Business, Bank & Holl

Address, Balt. & Pratt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th, 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Frank Kuhn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 111 N. Fremont St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Dec 17th 1882

W. B. Rider, M. D.
Medical Attendant.

Undertaker, Mrs. P. Kimmett

Place of Business, 317 Mulberry St. *Address,* 195 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62333 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 17 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicholas Kohler

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 2 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and Number. } 5 S. Regester st

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Alpheonzus Graveyard

Date of Burial, December 18 - 4 o'clock P.M.

Undertaker, John Brown

Place of Business, 224 S. Bethel St.

Daniel M. D.,
Medical Attendant.

Address, 3 N. Bway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...he Special Attention ... ...is Cer...

Board of Health, City of Baltimore,

Permit No. 62334 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 13 1882 HEALTH DEPARTMENT

Date of Death, Dec 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lestine Payne

~~Sex, Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 4 *Months,* ——— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co. Md

Duration of Residence in the City of Baltimore, 4 days

Place of Death, { Give street and Number. } #184 E Lombard

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Croupous Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Dec. 19, 1882

Undertaker, M. A. Daugherty

Place of Business, 74 S. Bway

Wm. F. Jones M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

To Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 17/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Kennard

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Penna,

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 310 Franklin St

Cause of Death, {First, (Primary,) Consumption of Lungs
Second, (Immediate,) Two Years.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec. 19' 1882 Louis N. Knight M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W Balto *Address,* 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

18 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Heiser

~~Sex~~, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Forty three *Years,* Six *Months,* Sixteen *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany In (U.S) about 40yrs

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number} 192 Cross St.

Cause of Death, First, (Primary,) Disease of Liver - Dropsy

Second, (Immediate,) Hemorrhage from the Bowels

Duration of last Sickness, Between Five & Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem'y

Date of Burial, Dec 19th

E M Free *M. D.*
Medical Attendant.

Undertaker, Henry Brick

Place of Business, Hanover St 81 *Address,* 192 E. Cross St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

Permit No. 62337 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Boucher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, fifteen, ~~Months~~, Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 157 Hanford Ave.

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, December 18th 1882

Undertaker, E Byrne

Place of Business, 1111 Hanover

Jno Brooke Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62838 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weigerud

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* 6 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not requred in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} # 279 S. Bond St.

Cause of Death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary

Date of Burial, December 19th.

Undertaker, Leonhard Kurz

Place of Business, 227 S. Bond St.

John H. Kehlenger M. D.,
Medical Attendant.

Address, # 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... Cause of Death, and List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62339 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 14, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edmonia Christian Col'd Mother

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* Several months ~~Days~~,

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 350 W Lombard St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 350 W Lombard St

Cause of Death, { First, (Primary,) — / Second, (Immediate,) Strangulated (accidental)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, West-Public Cemetery

Date of Burial, Dec 16 1882

Undertaker, Fred A Kirchner

Place of Business, 150 S Carrollton Ave

Alexander Finley M. D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 623 40 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Smathers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} Credits Court

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, December 18

Undertaker, H Ross

Place of Business, Baltimore St

W. S. Bize M. D.,
Medical Attendant.

Address, 210 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ... of this ...

Board of Health, City of Baltimore,

Permit No. 62341 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Mitchel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 11 *Months,* 25 *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co Md.

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and Number.} 52 China St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Congestion of the Lungs 16 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetary

Date of Burial, Dec 18. 1882

Undertaker, Hercules Ross

Place of Business, 96 Conway st

L. D. Dyer M. D.,
Medical Attendant.

Address, 146. Hill St.

L. D. DYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore, 62342

Permit No. 62342 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rodder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and Number.} 38 Barnes

Cause of Death, First, (Primary,) Double Pneumonia

Second, (Immediate,) Emphysema

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec. 20th 1882

Undertaker, Adam Finn

Place of Business, 461 N Gay *Address,* 461 N Gay St

Geo Wells M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ...

Board of Health, City of Baltimore,

Permit No. 62343 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1882

CERTIFICATE OF DEATH.

Date of Death, Dec the 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alford Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Coons Smit

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number.} 144 N Spring St

Cause of Death, First, (Primary,) a Sore of open Leg and Paralizet

Second, (Immediate,)

Duration of Last Sickness, 2 Week

All the above information should be furnished by th Physician.

Place of Burial, Laurl Cemetary

Date of Burial, Dec the 18th

Undertaker, Mr Dungen

Place of Business,

Geo. W. Emery M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is called to the Rules on the Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62344 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec the 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lory Hacket

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 14 *Days,*

Color,

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Dallas St between Fayette & Mulberry

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetry

Date of Burial, Dec the 18th

Undertaker, Mr Loose

Place of Business,

Geo. H. Benson M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ... and Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62846 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Taylor Jones

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, [redacted] *Years,* 19 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 238 East Monument St

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of the brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 13th 1882

Undertaker, Wm H. Hutchman

Place of Business, No 234 E Fayette

Milton N. Taylor M. D.,
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

1j— Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Sophia Anne Kemp

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Born resident

Place of Death, {Give street and number.} Bolton & ~~Laurens~~ St

Cause of Death, {First (Primary,) Septicaemia

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cem'y

Date of Burial, December 20 1882

Undertaker, Henry Heath

Place of Business, 309 Central Ave

H. Ple Wilson Jr.
Robt. H. Wilson. *M. D.*
Medical Attendant.

Address 146 Park Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the necessity of the careful and [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62344 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Price

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 6 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 26 Druid Hill Ave

Cause of Death, First, (Primary,) —

Second, (Immediate,) Paralysis

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Dec 19 1882

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave *Address,* 150 N Durham St

D. A. Gillies M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 62348 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 18 1882

Date of Death, December 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James T Dobson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Letter Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, {Give street and number.} No 10 N. Bond st

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Balti. Cemetery.

Date of Burial, Dec 20 1882.

Undertaker, Thos S Hughes

Place of Business, 60 E Balto *Address,* 124 E Balto st

J. Ridgway Andre M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ...

Board of Health, City of Baltimore,

Permit No. 62349 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos Majaski

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 280 S Ann

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate.)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, E Put Cemtery

Date of Burial, Dec 18/82

Undertaker, M Coleman

Place of Business, City Hall

Geo. R. Dobson M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Jos Fitzpatrick S.S.

The Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 62367 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 19 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Deeker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 298 Cantons Ave

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Variola

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec 19 92

Undertaker, Fred. Gaede

Place of Business, 29 S. Carolina Address, [illegible] Broadway

[illegible] M. D.,

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attend...

Board of Health, City of Baltimore,

Permit No. 62357 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Hartung

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 210 Sharp St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 4 days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 20 th 1882.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address,* 210 Sharp St.

W. S. Booze M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

The Special Attention o...

Board of Health, City of Baltimore,

Permit No. 62352 — *Office of Registrar of Vital Statistics.* Ward 6

The Physicium who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly A. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one Years, four Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 9 Short St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 19th 1882

Undertaker, Wm. H. Burgee

Place of Business, 62 East, St

H. A. Jones M. D.,
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Numerical Serial [illegible]

Board of Health, City of Baltimore,

Permit No. 62363 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled it*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 15 1892

Date of Death, Dec 16 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Lockett

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 50 *Years,* ——— *Months,* ——— *Days,*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Domestic

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, Sixty

Place of Death, { Give street and Number. } 21 Low st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Cachexia

Duration of Last Sickness, Sixty

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 17th 1892

Undertaker, Wm A Berger

Place of Business, 62 East 21

J. Shull M. D.,
Medical Attendant.

Address, 1184 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ...

Board of Health, City of Baltimore,

Permit No. 62854 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wolfgan Engelmeyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Wood Sawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 82 Somerset

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Dec 19th 1882

Undertaker, H Hoeck Son

Place of Business, 309 N Central Ave

[redacted] M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Park Cragg S.t

For Special Attention

Board of Health, City of Baltimore,

Permit No. 62335 — *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17-82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Stokes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, Blk.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State in which country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and Number.} 1 N. Stockton Al.

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Convulsions & Exhaustion

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial Laurel cem.

Date of Burial Dec 19th 1882

Undertaker, M J Gordan

Place of Business, 63 Park Ave

Herbert Harlan M. D.,
Medical Attendant.

Address, Balto 2nd. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th? Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 62306 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Cleveland

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, Thirty Six *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 256 North Eden Street

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Consumption

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 20th 1882

Undertaker, George Schilling

Place of Business, Ashland & Lynn

Wm. H. Chudnien, M. D.,
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases the[illegible]

Board of Health, City of Baltimore,

Permit No. 62367 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1892 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Wallace Buckingham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 15 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XXX

Occupation, XXX

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 193 E. Ann St.

Cause of Death, First, (Primary,) Small Pox. I was called at 10 40 last night child dying - did not prescribe

Second, ~~(Immediate,)~~ Child was taken ill days ago - Exhaustion

Duration of Last Sickness, Full of Pustules.

All the above information should be furnished by the Physician.

Place of Burial, E. Cath. Cem.

Date of Burial, Dec. 20 92 } James E. Drumm M. D., Medical Attendant.

Undertaker, H. Saunders Jr. }

Place of Business, 202 Carlton Ave, } *Address,* 199 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 62356 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Friedel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} S. W. cor. Durham & Eastern Av.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem.

Date of Burial. Dec. 19th, 1882 John H. Keller M. D.,

Medical Attendant.

Undertaker, H. Saunderson

Place of Business, 262 Eastern Av. Address, 713 Lee[illegible] St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 6969 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 15 1882

Date of Death, December 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Chandler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* 2 *Months,* 11 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housekeeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} 490 Lexington St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 21st 1882

Undertaker? S. M. Leonard & Son

Place of Business, 782 W. Baltimore

Jas. D. Gibbons M. D., Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying [illegible]

Board of Health, City of Baltimore,

Permit No. 62360 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 19 1882

Date of Death, Dec. 19th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Penovich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 73 Lancaster St

Cause of Death, First, (Primary,) Internal convulsions

Second, (Immediate,) .....

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Dec. 20 1882

Undertaker, G. Frana

Place of Business, 17 Canton Ave

Wm. H. Rehburg M. D.,
Medical Attendant.

Address, 243 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1892

CERTIFICATE OF DEATH.

Date of Death, Dec 15 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rachel Connelton

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 91 *Years,* 4 *Months,* 7 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West Indies

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number} 360 Saratoga St

Cause of Death, First, (Primary,) Senile decay

Second, (Immediate;)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fonden Burk

Date of Burial, Dec 19-

J. A. Lachley M. D.
Medical Attendant.

Undertaker, C. H. Bluzard

Place of Business, 198 Pa Ave | *Address,* 162 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 62362 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Slade

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 10 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 227 N Central Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Dec. 20. 1882

Undertaker, Wm H Hackman

Place of Business, 234 N. Gay St.

I N Shaw M. D., Medical Attendant.

Address, 36 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

Permit No. 62363 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12/18/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Lee Ridgely

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 4 *Months,* ——— *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and Number.} 102 Arlington Ave

Cause of Death, First, (Primary,) Sarcoma

Second, (Immediate,)

Duration of Last Sickness, 4 mos

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 20th 1882

Undertaker, J. H. McCoy & Co

Place of Business, #22 W. Fayette St

P. H. Cushman M. D., Medical Attendant.

Address, 347 Penn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physic...

Board of Health, City of Baltimore,

Permit No. 62364 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 19 2 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Eckels

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 455 Canton Ave

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem

Date of Burial, Dec 20 1882

Undertaker, G. France

Place of Business, Bank & Wolfe

Sam'l N. Dennis M. D.

Medical ~~Attendant~~.

Address, Dept of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to the [illegible]

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Board of Health, City of Baltimore,

Permit No. 62865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jennie Albert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Division St No 369

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asthenia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 20th 1882

[illegible] M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 702 N Eutaw St Address 427 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 62366

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62366

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday Dec. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Taylor

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 11 Indoes alley

Cause of Death, First, (Primary,) Extensive Superficial burns

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 15 hours.

All the above information should be furnished by the Physician.

Place of Burial, ~~Holland~~ Emerly

Date of Burial, Dec 19th 1882

Undertaker, Wm S Lynn

Place of Business, 65 Mulberry

Christopher Johnston Jr. M. D.
Medical Attendant.

Address, 82 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to Remarks below, and to Instructions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62367 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah H. Safford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1614 Madison Ave

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Burns

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Dec. 20th 1882

Undertaker, M A Sauer

Place of Business, 74 S. Bway

H. A. Tuddy, M. D.,
Medical Attendant.

Address, 1614 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

Permit No. 62868

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Armeda Mortimer

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 238 Barre st

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 20th

J Harvey Hill M. D.
Medical Attendant.

Undertaker, F. N. Isdell

Place of Business, 121 Hanover *Address,* 119 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 18

Permit No. 61369 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec the 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenora Linder

Sex, ~~*Male or*~~ *Female,* {Cross out the word not requred in this line.}

Age, ... *Years,* ..... 3 *Months,* 15 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 10 Pierce Ally

Cause of Death, First, (Primary,) Keessing and Cold

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurl Cemitry

Date of Burial, Dec the 19

Undertaker, A H Garnsly

Place of Business,

Geo. W. Dunn M. D.,

Medical ~~Attendant~~

Address, Cor of Lee & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62370 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 19 2 1882

Date of Death, Dec 18=1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Cadden

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 45 *Years,* ~~—~~ *Months,* ~~—~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ Widower

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and Number.} 574. Hanover St

Cause of Death, First, (Primary,) ~~—~~

Second, (Immediate,) Phthisis

Duration of Last Sickness, 5 wks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem

Date of Burial, Dec 20=1882

Undertaker, Jas. F. Lynn

Place of Business, 181 W. Pratt St

M. D.

~~Resident~~ Commissioner of Health

Address, & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

John E. Harding

The Special Attention of Physicians is Respectfully Invited to the [illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62371 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gotlieb Seemüller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Unknown to me,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Burn of face & Fract of R. Radius,

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Since Nov 26th

All the above information should be furnished by the Physician.

Place of Burial, E.O. Cem

Date of Burial, Dec 19

Undertaker, W. Coleman

Place of Business,

E. Duncan M. D.,
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62372 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTERED DEPARTMENT DEC 19 1882 BALTIMORE

Date of Death, December 18th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 4 *Days,*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 2 E Monument St

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 19 82.

Undertaker, S M Shaw

Place of Business, 220 Aisquith

Dr A Dees M. D.,
Medical Attendant.

Address, 161 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the ... of this Certificate.

15

Permit No. 62273

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Rott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eighty three *Years,* nine *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany Twenty-four

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Leadenhall St.

Cause of Death, First, (Primary.) Emphysema

Second, (Immediate.) Apnoea

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 20 1882

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Dr. Lucien H. Barclay M.D.,
Medical Attendant.

Address, 47 Conway St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Spe[illegible] of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Estella Schaab

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 20 hours *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 32 N. Paca

Cause of Death {First, (Primary,) Second, (Immediate,)} Low Vitality

Duration of last Sickness, ———

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, Dec 21 1882

Undertaker, A. Rosenberger

Place of Business, 20 Lombard St

W. A. B. Sellman M. D.
Medical Attendant.

Address, 249 Carroll Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The [illegible] of Physicians in [illegible]

Board of Health, City of Baltimore,

Permit No. 62370 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* [illegible] *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 290 S Hanover St

Cause of death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Shark St.

Date of Burial, Dec 19th 1882

Undertaker, Saml H Hines

Place of Business, 98 S Hanover

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62376 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonio Pizzagno,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 6 *Months,* 27 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Retired

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 28 Years.

Place of Death, {Give street and Number.} 38 Eastern Ave

Cause of Death, First, (Primary,) Senility, Cachalgia, &c.

Second, (Immediate,)

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Dec 20

D M Cathell M. D.,
Medical Attendant.

Undertaker, J. Byrnes

Place of Business, 63 Hanover *Address,* 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62377 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 19 1882

Date of Death, Dec 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugenia Md George Schmitt

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 73 Exeter

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Dec 21st 1882

Undertaker, Geo Schmitt

Place of Business, ...

Geo. W. Dixon M. D.,
~~Medical Attendant.~~

Address, 811 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Geo R Bragg S.S.

[over.]

The Special attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec. 1~~ Dec. 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida A E Wells

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* Three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 289 Argyle Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 289 Argyle Ave.

Cause of Death {First, (Primary,) Infantile, unknown —}

{Second, (Immediate,) Convulsions

Duration of last Sickness, Two days -

All the above information should be furnished by the Physician.

Place of Burial, Ft Peters Cem

Date of Burial, Dec 19th 02

Undertaker, Wm Weaver

Place of Business, 208 N Eutaw

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Lanvale st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62379 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Barnickel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 85 N. Chapel St.

Cause of death, First, (Primary,) Eclampsia

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Christ Church Cemetery

Date of Burial, Dec 20 1882

Undertaker, Andrew Koch

Place of Business, 244 E Lombard *Address,* 369 E. Baltimore St.

J. H. Cullenberg M. D.,
Medical Attendant.

DEC 19 1882 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62380 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Connelly.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} County Armagh. Ireland.

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give street and Number.} 125 Hull St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, N. Old Cathedral

Date of Burial, December 21st 82

Undertaker, Matthew Cadogan

Place of Business, 227 Hanover St

R. J. H. Tull M. D., Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6238 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Frances Whitehead

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Binder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 138 McElderry

Cause of Death, First, (Primary,) Phthisis Pulmonalis Hemorrhage Natural.

Second, (Immediate,) General Anasarca

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 20, 1882

Undertaker, John Henry

Place of Business, 382 Orleans St *Address,* 171 N Calvert

Geo B Lyons M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 6238 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Archer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 70 *Years.* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford Co.

Duration of Residence in the City of Baltimore, nine yrs

Place of Death, {Give street and number.} 77 N Charles st.

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

Duration of Last Sickness, Six Months

All the above Information should be furnished by the Physician.

Place of Burial, ~~Henry O. Jarvis~~ Churchville Harford Co Md

Date of Burial, Dec. 21. 1882 Wyatt Bucklen M.D.,
Medical Attendant.

Undertaker, ~~Henry W. Jenkins Sons.~~

Place of Business, ~~75 N. Charles~~ *Address,* 135 N Charles st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 62883 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 18. 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James & Freelan Meale.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 Mo.

Place of Death, {Give street and Number.} 98 Church St

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft Plain

Date of Burial, Dec 20

Undertaker, H. Kerdmer

Place of Business,

W. S. Booze M. D.,
Medical Attendant.

Address, 210 Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62784 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th Month 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Beeler.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Deputy U.S. Marshal

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 38 Years.

Place of Death, {Give street and Number.} 51 N Bradenay

Cause of Death, First, (Primary,) Tuberculosis of Lungs: only 3 Weeks
not 4 weeks confined to his Home.
Second, (Immediate,)

Duration of Last Sickness, 6 or 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Thursday Dec 21st

Undertaker, J. G. McCloskey

Place of Business, 77 W Fayette St

W. R. Riley M. D.,
Medical Attendant.

Address 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62385 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Will Poffermar

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* *~~Days~~,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 270 S. Ann st

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, Dec 20th 1882

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

Thomas P. Evans, M. D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the ... of this Certificate.

Board of Health, City of Baltimore.

Permit No. 62386 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec^r 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam^l G. Fuller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* 7 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, formerly Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 114 Lee st

Cause of death, First, (Primary,) /

Second, (Immediate,) Cancer of the nose for years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 21st

Undertaker, Wm J. McKim

Place of Business, 65 S. Eutaw

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62887 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC. 20 1882

Date of Death, Dec. 19th 5 35 P. M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Schrunge

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and Number.} N. E. Cor. Caroline Ave & Washington Sts

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, Sick Since Thursday Last - Eruption made its appearance Sun

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Dec 22 1882 *Jamed E Donnelly* *M. D.,*

Medical Attendant.

Undertaker, H. Sander Son

Place of Business, 452 Canton Ave *Address,* 299 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62388 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip L. Smothers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 19 *Years,* — *Months,* 9 *Days,*

Color, W

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 1 Credits Court

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 20/82

Undertaker, F. A. Kirchner

Place of Business, 51 S Carrollton Ave

Geo. H. Denson M. D.,
~~Medical Attendant~~

Address, City Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Geo. H. Denson Physician

[OVER.]

The ... Physician ... respectfully ...

Board of Health, City of Baltimore,

Permit No. 62389 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Pfister

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 41 E. Monument St

Cause of death, First, (Primary,) Croupous Pneumonia

Second, (Immediate,) Apnoea.

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonso

Date of Burial, December 22d

Undertaker, L. Ahrens

Place of Business, 631 Eight St *Address,* 1 S. Broadway

Jno. S. Lynch M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62390 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 20 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 227 S. Amity St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, December 20th 1882

Undertaker, Wm. Rice Sons

Place of Business, 253 Aliceanna

John A. Kelleher M. D., Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited [illegible]

Board of Health, City of Baltimore,

Permit No. 62391 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 20 1882

CERTIFICATE OF ~~DEATH~~.

Date of Death, Dec. 18 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily M. Booker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 10 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 10 Oxford St.

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 mnts

At the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 20 1882 L. M. Hall *M. D.,*

Undertaker, Sam'l H. Chase Medical Attendant.

Place of Business, 198 S Howard *Address,* 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited

Board of Health, City of Baltimore,

Permit No. 62392 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 20

Date of Death, Dec 19 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Letty Bond

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 93 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, Our mnth

Place of Death, {Give street and Number.} 93 Lee St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, Dec. 21st 1880

Undertaker, Sam'l H Chase

Place of Business, 191 Druid

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

16

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry C H Coles

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 44 *Years,* 4 *Months,* ——— *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Danville Va

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} No 241 S Howard St.

Cause of Death, First (Primary,) Hepatitis et Gastritis

Second (Immediate,) Pure Asthenia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22nd 1882

Undertaker, Saml H Chase

Place of Business, 198 S Howard St

T Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62894 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewa Amos

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* —— *Months,* —— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Va

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and Number.} 262 Raborg st

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Child birth

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Shark st cemetery

Date of Burial. Dec 20th 1882

Undertaker, Wm H Burgee

Place of Business, 62 East st

J. E. Jones M. D.,
Medical Attendant.

Address, 411 N Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...cial Attention of Physicians is Respectfully In...ed to the Remarks Below, and to ...back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62396 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 20 1882

Date of Death, 12, 19, 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jackson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* ——— *Months,* ——— *Days,*

Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co., Md

Duration of Residence in the City of Baltimore, 8 mo

Place of Death, {Give street and Number.} 298 E. Howard

Cause of Death, First, (Primary,) Albuminuria

Second, (Immediate,)

Duration of Last Sickness, 9 hrs

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, December 20.

Undertaker, H. Roß & Co.

Place of Business, 95 Conway

W. W. Eastman M. D., Medical Attendant.

Address, 349 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Association of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 62396 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 20 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hake

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Inspector

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give street and Number.} 12 Genge St.

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Bronchial Catarrh

Duration of Last Sickness, 2 mths

All the above Information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, Dec 20th 1882

Undertaker, John L. Marcher

Place of Business, No 150 Eamden

L. Miller M. D.,
Medical Attendant.

Address, 188 Hamilton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62897 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1882

CERTIFICATE OF DEATH.

Date of Death, December 19th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Arnaud

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* 16 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } France

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and Number. } 496 Cross St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Pneumonia

Duration of Last Sickness, ———

All the above Information should be furnished by the Physician.

Place of Burial St Vincents Cem

Date of Burial Dec 21 1882

Undertaker, John Meachum

Place of Business, No 150 Lemmon St

Chas. D. Blake M. D., Medical Attendant.

Address, 68 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...rial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant not named child of } Meier Stern & Bertha Stern

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 9 days ~~Years~~, ~~Months~~, ~~Days~~.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 248 S. Charles St

Cause of Death, First, (Primary,) Trismus Nascentium

Second, (Immediate,)

Duration of last Sickness, 34 hours

All the above information should be furnished by the Physician.

Place of Burial, Oheb Schilom Cem

Date of Burial, December 20

W. C. Sandrock M. D.
Medical Attendant.

Undertaker, Father

Place of Business, Charles & Montgomery Sts *Address,* 227 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to ... on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62399 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Earhart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} Church Home Corner Eager St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of the Breast

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ex Plem

Date of Burial. Dec 20

Undertaker W J Coleman

Place of Business,

H G Connolly M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decr 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hermann Liltman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S. A. Bond St

Cause of Death First, (Primary,) Variola Hemmorhagica

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Dec 20 1882

Wm N. Atkill M. D.
Medical Attendant.

Undertaker, H. Hartmann

Place of Business, 63 N. Eden St *Address,* 196 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

Permit No. 6244/81 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henritta Neuschafer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 3 N. Washington St,

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec. 20th 82

Undertaker, G. France

Place of Business, Dantz & Wolfe's

Jno. S. Lynch M. D.,
Medical Attendant.

Address, 18 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62402 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Sewell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty-two *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Leesburg Va.

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and Number.} Maryland Penitentiary (Prison)

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) "

Duration of Last Sickness, Sick when admitted to Prison, Sept. 11th 1882

All the above information should be furnished by the Physician.

Place of Burial, Ed Plum

Date of Burial, Dec 20

Undertaker, M Coleman

Place of Business,

Silas Baldwin M. D.,
Medical Attendant.

Address, 152 Townsend St.

DEC 20 1882

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62403 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 20 1882

Date of Death. December 20th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Carroll

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, abt 45 *Years,* — *Months,* — *Days.*

Color. W

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, abt 14 Years.

Place of Death, { Give street and Number. } 137 Eastern Avenue

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, abt 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 21st 82

Undertaker, Mr. Feeney

Place of Business, No 3 Bunty

Chas H. Moffit M. D.,
Coroner E.D. Medical Attendant.

Address, 67 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62404 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 19, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Holetin,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 4 *Months,* — *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} S.W. Cor. Wachs & Canton Ave.

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of Last Sickness, 1 week,

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cemtry.

Date of Burial, Dec. 20th 1882

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann st.

Geo. H. [illegible] M. D.,
Medical Attendant.

Address, 90 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62406 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEPT. DEC 20 1924

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Trivola Noal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* —— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 30 Shuter St

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 21

Undertaker, Robt Noal

Place of Business,

E. B. Fenby M. D.,
Medical Attendant.

Address, Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Requested

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th December

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Velte

Sex, Male or Female, {cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #12 Pearl St

Cause of Death First, (Primary,) Amenorrhoea

Second, (Immediate,) Consumption.

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, December 21 | Edward P. Hard M. D.
Medical Attendant.

Undertaker, Walter Innes

Place of Business, 315 W. Biddle | *Address,* 248 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62407 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M. Nunn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty Three Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Sussex Co Delaware

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} No 213 Third Wist Ave

Cause of death, First, (Primary,) Organic Disease of Heart - Phthisis

Second, (Immediate,) Phthisis - Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 21

Undertaker, Walter Immel

Place of Business, 318 W. Biddle *Address,* 1152 Fayette Street

Whitefield Nimmo M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special Notice... See Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62408 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Aug. Nordoski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 269 S. Amity

Cause of Death, First, (Primary,) Malign Variola

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Dec 21 82

Undertaker, G. Franz

Place of Business, Bank & Wolfe

R. A. Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62409 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th. December 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa. Notolowska

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} S. Ann's Pr. 289

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Hydrops Ascites

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 21st 82

Undertaker, G. Frame

Place of Business, Bonk & Wolf

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe & 11th.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62418 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 20 2 1922 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... Years, ... Months, 16 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. }

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Dec 21 1922

Undertaker, G. France

Place of Business, 1 Park Ave Address,

M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully ...

Board of Health, City of Baltimore,

Permit No. 62411 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernard McGraw

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 64 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and Number. } Jackson & Gaston's.

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick

Date of Burial, Dec 20 1882

Undertaker, Laid By me

Place of Business, 63 Hunt

Geo. A. Peyton M. D.,
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6244 12 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26: 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Child of Stephen & Emma Murphy

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~Years,~~ ..... ~~Months,~~ 3 Days,

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 9 N. Stricker St.

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Spasms

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 27th 82

{ *Undertaker,* J B Blackiston

{ *Place of Business,* 660 W Lombard Address, 389 W. Lombard

A. L. Silver M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention ...

Board of Health, City of Baltimore,

Permit No. 62413 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Griffin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* — *Months,* — *Days,*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 61 Short St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemty

Date of Burial. Dec 21/82

Undertaker, M. Coleman

Place of Business,

Wm. H. Green M. D.,

~~Medical Attendant.~~

Address Cor H & Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is [illegible]

Board of Health, City of Baltimore,

Permit No. 62114 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John N. Martin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 26 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 105 York St

Cause of Death,
First, (Primary,) Catarrhal Fever
Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Baltimore Cemetery

Date of Burial, Dec 21/82

Undertaker, F. A. Kirchner

Place of Business, 581 Gay St

Wm T Bell, M. D., Medical Attendant.

Coroner

Address, 161 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62415 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Anna Sills~~ December 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Sills

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and Number.} 104 Arlington Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Dec 22nd 1882

Undertaker, J. B. Cook

Place of Business, 707 West Balto

D. P. Hoffman M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62416 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Bast

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* 6 *Days,*

Color, White

~~*Married*~~, *Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

Occupation, Glass Flattener

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto Md Frederick City Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 213 S. Charles St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 7 dys.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Decem 24 1882

Undertaker, J.B. Cook

Place of Business, W. Balto st 707

Louis C. Hau M. D.,
per E.H.K. Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62717 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Barry Culler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bookkeeper Tax Office

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 382 Park ave

Cause of death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 22nd Dec 1882

Undertaker, H.W. Kendrick & Sons

Place of Business, 75 N. Charles St.

J H Latimer M. D.,
Medical Attendant.

Address, 25 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible] of this Certificate.

3

Board of Health, City of Baltimore,

Permit No. 62418

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ms. Name, Clara P. Chester McPherson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 hrs ~~Years,~~ ~~Months,~~ ~~Days.~~

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 369 E. Balto. St.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 369 E Balto St.

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, A. J. Co

Date of Burial, Dec 21 82

J. McPherson M. D.
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 71 N. Broadway

Address, 369 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No 62719 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 20-1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Ijams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 2 *Months,* 15 *Days,*

Color, Wh

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 32 Jenkins alley

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 21st 1882

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

G Lane Tanyhill M. D., Medical Attendant.

Address, 129 N. Biddle.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to ... back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62420 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Mayling

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 12 *Years,* 10 *Months,* 24 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 77 Cambridge St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) (Septicemia)

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, St Thomas's Church

Date of Burial, Dec. 21 1882

Undertaker, G. Frances

Place of Business, Bank & Wolff

Thomas P. Evans, M. D.,
Medical Attendant.

Address, 22 Eastern Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Forbes

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 5 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} In 3. Gallaghers Court

Cause of Death, {First (Primary,) Varola

Second (Immediate,) 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Com

Date of Burial, Dec 21st 82

Undertaker, G. France

Place of Business, Bank & Wolfe Sts

A. H. Foote M. D.
Medical Attendant.

Address, 237 Forrest

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62422 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. W. Smothers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 15 *Years,* — *Months,* — *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 1 Credit Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 21/82

Undertaker, S W Schnare

Place of Business,

Geo. W. Dorsey M. D., Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Bowen
Inspector

The Special Attention of Physicians is respectfully [illegible]

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Board of Health, City of Baltimore,

Permit No. 62423

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 21 1882 HEALTH DEPT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Emily Stutteman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 2 *Months,* 6 *Days.*

Color, white

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 84 E Baltimore St.

Cause of Death, First, (Primary.) Cirrhosis of Liver.-

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 22d 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Henry J. Smith *M.D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Required.

Board of Health, City of Baltimore,

Permit No. 62424 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Lyman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1062 Eastern Ave

Cause of Death, First, (Primary,) Cerebral Congestion

Second, (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, Dec. 24th 1882

Undertaker, H. Sanders & Son

Place of Business, 252 Eastern Ave

H. Lalor M. D., Medical Attendant.

Address, 1 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62425 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Vogel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 N. Bethel St.

Cause of death, First, (Primary,) Abscess Hy. Joint

Second, (Immediate,) Pyaemia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mathews Cem.

Date of Burial, Dec. 21

Undertaker, W. Tipp

Place of Business, 151 Bond St

J. Holzberg M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62426 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bologna Gottschalk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 61 Thames St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial Mt. Hebron Cem.

Date of Burial. Dec. 24

Undertaker, W. Dippel

Place of Business, 1 E. Bond St. 151

John A. Kelbaugh M. D., Medical Attendant.

Address, 2438 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62427 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Segelken

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,* 1

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 94 S. Ann St.

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'y

Date of Burial, 20 December 1882

Undertaker, John F. Schuck

Place of Business, 265 Thames

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62428 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday, Dec 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Howe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and Number.} 38 N. Green St.

Cause of Death, First, (Primary,) Puerperal Septicemia

Second, (Immediate,) Exhaustion from high Temperature

Duration of Last Sickness, 6 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Dec. 22 nd 1882

Undertaker, Wm. H. Eichman

Place of Business, 234 St. Gay St. *Address,*

Wilmer Brinton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62429 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Dodd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and Number.} 95 Stirling St

Cause of Death, First, (Primary,) Heart Disease and
Second, (Immediate,) Atheromatous degeneration of arteries

Duration of Last Sickness, 3 Years

All the above Information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, Dec 20th

Undertaker, Chas A White

Place of Business, 35 Granby St

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6244 30

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Moore.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 1 Year & 8 mos.

Place of Death, {Give street and number} #29 Lebanon St

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Apnoea

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, ~~Post Interred~~

Date of Burial, Buried on 21st

Undertaker, Edward Givens

Place of Business,

Washington Rd

James A Bonn M. D.
Medical Attendant.

Address, 110 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62431 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Cooley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 81 Wrenn ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Brain

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 22

Undertaker J E Yeowell

Place of Business,

Alexander Tinsley M. D.,

~~Medical Attendant~~

Address, Conn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 62432

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Curtis

Sex, ~~*Male, or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 65 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Old Family Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 439 Hamburg St.

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) Paralysis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cem Fy

Date of Burial, Dec 22

H. H. Weber *M.D.,*

Medical Attendant.

Undertaker, L B Cook

Place of Business, 707 W Baltimore *Address,* 298 1/2 Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th? Special Attention o[illegible]

Board of Health, City of Baltimore,

Permit No. 62733 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 20. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 352 Alice Anna St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Dec. 21st 1882

Undertaker, H. Sanderson

Place of Business, 252 Canton

G. A. Lurk M. D.,
Medical Attendant.

Address, Balt. & Wash. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 23 2 1882

Date of Death, December 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Maria Shew

Sex, Male or Female, {cross out the word not required in this line.}

Age, 16 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. County Md

Duration of Residence in the City of Baltimore, Six (6) Years

Place of Death, {Give street and number} 67 S. Duncan Alley

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Chase Station Balto Co.

Date of Burial, Dec= 21st 1882

Undertaker, Wm. J. Dunger

Place of Business, 62 East st.

J. McPherson M. D.
Medical Attendant.

Address, 23 S. Bluet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Permit No. 624136

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 21 1852 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20/852

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Richd Willis Daniel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1/2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 128 N. Dallas

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) .....

Duration of Last Sickness, 6 W.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 21 1852

Undertaker, William H. Dugan

Place of Business, ...

H. L. Snader *M.D.,*

Medical Attendant.

Address, 20 N. Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is [illegible]

Board of Health, City of Baltimore,

Permit No. 62436

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria James

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} #61 Chesnut St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 21 1882

Undertaker, William A Lange

Place of Business, 62 East St

Same J Bell M.D.,
Medical Attendant.

Address, 134 N Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention o... Keepers of Cemeteries in City of Baltimore... and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62437 *Office of Registrar of Vital Statistics.* Ward 17"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rowe

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City, Md

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and Number.} 65 Cross St.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Exhaustion from Chill & Fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 22

Undertaker, F. Hare

Place of Business, 62 West St. *Address,*

C. D. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62438

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. DEC 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Rhodes

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since births

Place of Death, {Give street and number.} 67 S. Central Av.

Cause of Death, First, (Primary.) Cerebro Spinal Meningetis

Second, (Immediate.)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetry

Date of Burial, Dec 22 1882

Undertaker, John Hennig

Place of Business, 382 Orleans St

G. S. Kinnman M.D.,
Medical Attendant.

Address, 73 E. Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the

Board of Health, City of Baltimore,

Permit No. 62439 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1882

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Zleder Moorley

Sex, Male or Female, (Cross out the word not required in this line.) ~~Male~~ / ~~Female~~

Age, — *Years,* — *Months,* Eleven *Days.*

Color, Colored

Married, Single, Widow or Widower, (Cross out the word not required in this line.) ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~

Occupation, — — — —

Birthplace, (State or country, and how long in the United States, if of foreign birth.) No 22 Orleans st

Duration of Residence in the City of Baltimore, 11 days

Place of Death, (Give street and Number.) 22 Orleans st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial Druid Cemetery

Date of Burial, Dec 21 1882

Undertaker, William Wagg

Place of Business, No 62 East st *Address,*

J Edmund Gorsuch *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62448 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Rose

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 3 *Months,* 22 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, life.

Place of Death, {Give street and number.} 181 E Paca St

Cause of death, First, (Primary,) Scald, accident on B&O R.R.

Second, (Immediate,) Nervous shock

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 22 Th 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 76 Hanover St

J H Carnes *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 6 2 7 4 4 1 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th Dec 82.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Kleinhen

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 9 *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } S. E. corner Myrtle Ave. and Sarah Ann St.

Cause of Death, First, (Primary,) Dyphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 22nd 82

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry

Louis C Hon M. D.,
per E & K Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62442 — *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Cornish.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 201 Hughes St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, About 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22, 82.

Undertaker, Jacob Davis

Place of Business, 108 Pac St

J. M. Mile M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 62443 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Dailey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 53 Vincent Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Spine Disease

Duration of Last Sickness

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Dec 22

Undertaker, H A Kershner

Place of Business,

Gw. W. Denson M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62444 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of Law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1882

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Waters

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* —— *Months,* —— *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 374 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 23

Undertaker, H Ross

Place of Business, 95 Lombard St

Leonard Carter, M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible]

Board of Health, City of Baltimore, 18

Permit No. 62445 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 2 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L W Hooper.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 314 S Howard St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial. Dec 22

Undertaker, J J Ross

Place of Business,

Geo. W. Edmonds M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Regulations Below.

Board of Health, City of Baltimore,

Permit No. 6 2 4 1 1 6 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella M. Waters

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Four *Months,* ——— *Days.*

Color, Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No. 83 Moore ally

Duration of Residence in the City of Baltimore, Four months,

Place of Death, {Give street and number.} No. 83 Moore al,

Cause of death, First, (Primary,) Onanidon

Second, (Immediate,) Prostration

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22nd 1882

Undertaker, Wm H Bishop Jr.

Place of Business, 97 N. Hill ave.

F. B. Gardner M. D.,

Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6244[illegible] *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T Wallace

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 191 E Paca St

Cause of death, First, (Primary,) Scrofula

Second, (Immediate,) Diarrhea

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 23rd 1882

Undertaker, Hellenstein Bro

Place of Business, 195 W Pratt St

J H Kenney *M. D.,*
Medical Attendant.

Address, 76 E Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62448 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry E Cornyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 369 N. Dunmore

Cause of Death, First, (Primary,) Meningitis (3)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, December 22d 1882

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St.

L. Scott M. D.,
Medical Attendant.

Address, 409 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62449 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 22 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st, 1902

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Miller

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 39 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housework

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } [illegible]

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of Last Sickness, Last [illegible] one day

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Epm.

Date of Burial, 24 Dec. 1902

Undertaker, G. France

Place of Business, 1 Banks & Mo[illegible] *Address,* [illegible]

[illegible] *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62438 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd, 882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Nauckaffer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} #238 S. Dallas St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Twelve Days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 22nd 82

Undertaker, G. Franz

Place of Business, Bank & Mosher

John H. Kahlenger M. D.,
Medical Attendant.

Address, #2134 Lee [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62457 *Office of Registrar of Vital Statistics.* Ward 85

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEC 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Roberta Webster Andrews

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* 18 *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} E. E. Lehan St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, 7 days

At the above information should be furnished by the Physician.

Place of Burial. Balto

Date of Burial Dec 23

Undertaker J W Jackson

Place of Business

J. Whitefort M. D.,
Medical Attendant.

Address 195 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 62775 — *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEC 22 2 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Ripkoff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 Years, — Months, — Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Colored Preacher

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 73 Long & Sts

Cause of Death, First, (Primary) Hemorrhagic Confluent Small Pox

Second, (Immediate,) Asthenia

Duration of Last Sickness, Ten (10) Days

All the above Information should be furnished by the Physician.

Place of Burial, Bair

Date of Burial, Dec 22

Undertaker, M J Funk

Place of Business, [illegible]

L. Weslow M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62498 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 22 2 1882 BALTIMORE

Date of Death, December 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret B. Kayle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 40 Years

Place of Death, {Give street and Number.} 97 Hollins St

Cause of Death, First, (Primary,) Pulmonary Emphysema

Second, (Immediate,) Organic disease of Heart

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Dec 23

Undertaker, D Kummer

Place of Business, *Address,*

W. R. McClure M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Sec...

Board of Health, City of Baltimore,

Permit No. 62457 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday December 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis W Kuman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 5 Potomac St Canton

Cause of death, First, (Primary,) Cystitis

Second, (Immediate,) Exostion Uraemia

Duration of Last Sickness, Two month with cystitis, 8 days ben confined to bed

All the above information should be furnished by the Physician.

Place of Burial, Bath cemetery

Date of Burial, Dec 23r 1882

Undertaker, James O Byrn

Place of Business, W 63 W Front St

J. E. Prichard M. D.,
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

9

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1882 BALTO

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Stubblefield

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 43 *Years,* 7 *Months,* 22 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia, Penna

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} No. 101 ~~the~~ N. Calvert St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 22nd

Undertaker, D. N. Toole

Place of Business, #131 Hanover St

John Barnes M. D.
Medical Attendant.

Address Granite Balto Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

for Burials to the [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Permit No. 62456

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R. G. Ruddach

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 372 Park Ave

Cause of Death, First, (Primary.) Pulmonic disease

Second, (Immediate.) Heart.

Duration of Last Sickness, Several years

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 25th 1882

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

F. Donnell M.D.,
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials to the Office where issued

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62457 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 2 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lenz Dungee

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 8 hrs *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 89 Somerset

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, W M Oliver

Date of Burial, Dec 22

Undertaker, H Dungee

Place of Business,

Geo. W. Benson M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62738 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbia Penny

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* 21 *Days,*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} .....

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 10 Ohio Ave

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Bronchitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 23rd Dec 1882

Undertaker, G W Perkins Jr & Co

Place of Business, 130 Henrietta st *Address,* .....

F. C. Wells M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

2 C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1882

CERTIFICATE OF DEATH.

Date of Death, Decemb 21. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Danl Bipler Sr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, no

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 259 Lawrence

Cause of Death, {First (Primary,) apoplexy

Second (Immediate,) 6 Hours

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 23d 1882 J H Pattison *M. D.*

Medical Attendant.

{*Undertaker,* John E Loughlin *Address* 23 Franklin St

Place of Business, 320 Lemmon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62460 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1882 BALTIMORE

Date of Death, Dec 21 — 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gates

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* 4 *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 612 McElderry St

Cause of Death, First, (Primary,) Ovarian Tumor

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial. Dec 24 1882

D. V. Moyer M. D.,
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 48 Front Address, 170 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 62461 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 22 1892

Date of Death, Dec 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara V Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 414 Burgundy

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 22

Undertaker, F J Ross

Place of Business,

Geo. W. Gibson M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62462 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 22 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey.

Duration of Residence in the City of Baltimore, Six years.

Place of Death, {Give street and Number.} 61 Thames St.

Cause of Death, First, (Primary,) Convulsions probably caused by variola Bovina

Second, (Immediate,) .....

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Dec 22 84

John H. Fielding M. D.,

Medical Attendant.

Undertaker, H. Lippold

Place of Business, 167 & 169 Bond Address, 71 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] is Respectfully [illegible] City of Baltimore [illegible] below, and to Live [illegible]

Board of Health, City of Baltimore,

Permit No. 62463. *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days,*

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and Number.} 139 Welcome Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Dec 20th 1882

Undertaker, F. A Kerchner

Place of Business, 50 S Carrollton

Geo. W. Dennis M. D.,

~~Medical Attendant.~~

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo W Brown

Surgeon

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62464 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 21 December 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Gordon

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 25 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the word not required in this line. } Single

Occupation, Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 265 Fremont St

Cause of Death, First, (Primary,) Mesorrhagia & Metritis

Second, (Immediate,) Peritonitis & Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 23rd 82

Undertaker, Saml Ewell

Place of Business, 98 S Howard; *Address,* 414 Hill St

J. A. Miller M. D.,
Medical Attendant.

L. Mayer M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

5

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Kares

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* 6 *Months,* *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, twenty years

Place of Death, {Give street and number.} 176 E. Madison St.

Cause of Death, First (Primary,) General debility

Second (Immediate,) old age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 23d

Undertaker, Geo Schilling

Place of Business, Ashland Square

H. Schwartz M. D.
Medical Attendant.

Address 44 S. Broadway &
Cor. Elliott & Caution Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...epers of Cemeteries in City to ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62466 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec 22nd. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Brent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 22 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 5 Mason St. Court.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Acute Meningitis

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Beech

Date of Burial, Dec 24

Undertaker, H Hoeck

Place of Business,

Wilmer Smith M. D.,
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Keepers of Cemeteries in City, Undertakers, Clergymen, Coroners, Justices of the Peace, Midwives, Physicians, Hospitals, Burial, Relief and Other Offices, is called to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62467 *Office of Registrar of Vital Statistics.* Ward 8.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Fairbank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, Fifteen yrs.

Place of Death, {Give street and Number.} 92 S. Bond St

Cause of Death, First, (Primary,) Cardiac Mischief

Second, (Immediate,) Anasarca

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Dec 24

Undertaker, Fry & Bro

Place of Business,

G. G. Lusk M. D.,
Medical Attendant.

Address, 12 Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62468 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Emma Scott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* 2 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 50 N Washington st

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 38 hours,

All the above information should be furnished by the Physician.

Place of Burial, Osbourn

Date of Burial, Dec 23

Undertaker, Fry Bro

Place of Business,

D W Cathell M. D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City ...

Permit No. 6246 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21. 1892,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Green,

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, colored,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Co. Md.

Duration of Residence in the City of Baltimore, Twenty two years

Place of Death, {Give street and Number.} 23 S. Chester St.

Cause of Death, First, (Primary,) Typho-Malarial Fever

Second, (Immediate,) Congestive Chill,

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Joseph's Cem.

Date of Burial, Dec 23 92

Undertaker, A. Curran.

Place of Business, 5 Broadway

G. Glassilly Kuck M. D.,
Medical Attendant.

Address, Balt & Pratt sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 62470 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Maria Drakeley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 ~~88~~ *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 63 N Greene St

Cause of Death, First, (Primary,) Cerebral disease

Second, (Immediate,) .....

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Dec 24th 1882

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St Address,

W Mc Kemp M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 62471 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand M. Shane

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 68 S. Broadway

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Dec. 23rd 1882

James S. McShane M. D.,

Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address,* 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 62772 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Feeney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} F

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland. In U.S. 50 years

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} 15 S. Broadway

Cause of death, First, (Primary,) Old age

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 4 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec. 24th 1882

Undertaker, M. A. Daye

Place of Business, 74 S. Bway

Jno. S. Lynch M. D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to ...

Board of Health, City of Baltimore,

Permit No. 62473 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Ornikofski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *1 Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 30 Shakspeare St.

Cause of Death, First, (Primary,) Internal Convulsions,

Second, (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec. 23 1882

John H Keating M. D.,

Medical Attendant.

Undertaker, G. Fearer

Place of Business, Park & Mar... *Address,* 243 Alice Anne St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is ...

Board of Health, City of Baltimore,

Permit No. 62717 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 22 1882 BALTIMORE

Date of Death, Dec 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Powell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 27 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 1244 S. Caroline St

Cause of Death, First, (Primary,) Cirrhosis

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec. 22nd 82

Undertaker, G. France

Place of Business, 1 Bank & Wolfe

M. D., Medical Attendant.

Address, 412 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is ...

Board of Health, City of Baltimore,

Permit No. 62776 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 22d 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ivey Hoards

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days,*

Color, Wht

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 89 S. Chapel

Cause of Death, First, (Primary,) Variola vera

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Dec. 23d 82

Undertaker, G. Franzoni

Place of Business, Doyle & Walsh

Thos. [illegible] M. D.,
Medical Attendant.

Address, 245 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62476 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kuhn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 28 *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 111 N. Fremont St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) (Probably) Heart-Clot

Duration of Last Sickness, 4 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Ft Mc Henrys Cemetery

Date of Burial, 23d of Dec. 1882

Undertaker, Mrs S. Kümmert

Place of Business, 317 Mulberry St *Address,* 642 W. Fayette St

C. C. McDowell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physician...

Board of Health, City of Baltimore,

Permit No. 62477 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Buckner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 375 W. Henry

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fowden

Date of Burial, Dec 24

Undertaker, J. B. Cook

Place of Business,

Geo. W. Brown M. D.,

~~Medical Attendant.~~

Address, Cor of Heath

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attendance of Physician

Board of Health, City of Baltimore,

Permit No. 62478 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie [redacted] Gardner

Sex, [redacted]ale or *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* [redacted] *Months,* [redacted] *Days,*

Color, Col

[redacted]ried, *Single,* [redacted]dow or W[redacted]er, { Cross out the word not required in this line. }

Occupation, [redacted]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 87 E Montgomery

Cause of Death, First, (Primary,) [redacted]

Second, (Immediate,) Small Pox

Duration of Last Sickness, 11 days

All the above Information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial. Dec 21/82

Undertaker, F. A Kirchner

Place of Business, 50 S Carrollton Ave

Jno. H. Dorsey M.D.,
Medical Attendant.

Address, 50 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

E E Brown
Inspector

15

Board of Health, City of Baltimore,

Permit No. 62479

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Ann Curtis

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 65 *Years,* 11 *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laundress.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Acomac Co. Virginia

Duration of Residence in the City of Baltimore, 27 Years.

Place of Death, {Give street and number.} 211 Hughes St.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Heart Failure

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry.

Date of Burial, Dec. 24th 1882.

Hector H. Goodman M.D.,
Medical Attendant.

Undertaker, Danl. H. Chase,

Place of Business, 198 S. Howard St. *Address,* 93 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited.

Board of Health, City of Baltimore,

Permit No. 62480 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Thompson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* — *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and Number.} 164 South Ann St

Cause of Death,
First, (Primary,) Diphtheria
Second, (Immediate,) Mesenic Convulsions

Duration of Last Sickness, Four Days

At the above information should be furnished by the Physician.

Place of Burial Loudon Cemetery

Date of Burial, Dec 23rd 1882

Undertaker, Saml H. Chase

Place of Business, 95 S Howard St

W W Sutton M. D.,
Medical Attendant.

Address, 172 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

Permit No. 62487 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22 - 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elleanor Linkan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* Two *Months,* Two *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 335 Pa. Ave. Baltimore

Duration of Residence in the City of Baltimore, — Since Birth

Place of Death, { Give street and Number. } 335 Pa. Ave.

Cause of Death, First, (Primary,) D

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Eight Days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 22nd

Undertaker, C H Blizzard

Place of Business, Cor Dolphin & Fremont

Taylor Finch M. D., Medical Attendant.

Address, 221 Barnes St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62782 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Diess

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} —

Age, 7 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 501 N. Eutaw & Eldersley Alley

Cause of Death, First, (Primary,) Pleuro-Pneumonia

Second, (Immediate,) Variola purpuric

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Dec 23 1882

Undertaker, John Kenney

Place of Business 382 Orleans St. *Address,* Balt. & Wash. R.

G. Glanville, Jr. M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited ...

Board of Health, City of Baltimore,

Permit No. 6274 82 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Daniel

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, [illegible] *Years,* [illegible] *Months,* 29 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } No 1183 E. Baltimore

Cause of Death, { First, (Primary,) [illegible] Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Simon

Date of Burial, Dec 24/1882

Undertaker, Charles A Litz

Place of Business, No 35 Gran(t)s Address, 243 Broadway

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

Permit No. 62484 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 2 1882 BALTIMORE

Date of Death, December 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Fanning

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — Years, Eleven Months, — Days,

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 10 Bethel Place

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Diphtheria -

Duration of Last Sickness, One week -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial. December 24/82

Undertaker, Coolahan & Evans

Place of Business, Cor Valley & Eager Sts

N. L. Dashiell, Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

Permit No. 62785 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 24 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Hanrahan

Sex, Male or Female, { Cross out the word not required in this line. } ...

Age, 60 *Years,* ... *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ...

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and Number. } 40 Preston

Cause of Death, { First, (Primary,) ... Second, (Immediate,) ... } Con Pneumonia

Duration of Last Sickness, 5 D

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Dec 23, 1882.

Undertaker, Matthew Cadogan

Place of Business, 227 Madison

Medical Attendant ... M. D.,

Address, 253 N. Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 62486 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Arthur

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 53 N Eutaw St

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) " "

Duration of Last Sickness, Two or three years

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cy

Date of Burial, Dec 24/82

Undertaker, STEWART & MOWEAN, UNDERTAKERS, 85 Park Ave.

Place of Business,

Elias LePrice M. D., Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 782

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62487

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R. Coleman jr.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 4 *Years,* 5 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Accountant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 444 Madison Avenue

Cause of Death, First, (Primary,) Diphtheria (undeveloped).

Second, (Immediate,) Heart failure

Duration of last Sickness, Twenty five days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 24th 1882 Alfred Hanstale M. D.

Medical Attendant.

Undertaker, STEWART & MOWEN,

Place of Business, UNDERTAKERS, 85 Park Ave.

Address, 228 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 62488 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Lewradofsky

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 252 Hillsdale st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, Dec 23/82

Undertaker, W. Nicholas

Place of Business,

Geo. W. Brush M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore,

Permit No. 62489 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katzlauf Brusti

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 290 S. Ann St.

Cause of Death, First, (Primary,) Convulsions, (probably introducing an attack of Variola)

Second, (Immediate,)

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, 23 Dec. 1882

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann

John H. Kelberg M.D., Medical Attendant.

Address, 243 Alice Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 62493 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Samin Norris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* 8 *Months,* 28 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, President 1st National Bank Bacl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 217 Madison Av

Cause of death, First, (Primary,) Angina Pectoris

Second, (Immediate,) Brain Trouble

Duration of Last Sickness, Angina 14 years Brain 11 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 24 1882

Undertaker, Henry W. Jenkins Sons

Place of Business, 35 E Chas, *Address,* 23 N Eutaw st

Caleb Winslow M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to

13 Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 62491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Seybert

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* 1 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 148 Mc Henry St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Consumption of Lungs

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 24 1882

Jno W. Knight M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Balto St *Address,* 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below.

4

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Brian

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* 2 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 49 yrs

Place of Death, {Give street and number.} 136 N Gay St near High St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Confined to house about 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 24th 82.

Undertaker, Wm. H. Hickman *Address*

Place of Business, 234 N. Gay St

Richd Sappington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below

2

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 62483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 23. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Micheal Galotskey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 6 *Months,* ——— *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Laborer.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Poland, Ger.

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} 263 Alice Ann St. Confluent Carrida

Cause of Death, First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St Joseph's

Date of Burial, Dec 27th

Undertaker, H. Lippel

Place of Business, 151 Bond

D. D. Sullivan, M.D.
Medical Attendant.

Address, 116 Thames St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 62494 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23rd. 3 A M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geryi Gabler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 57 S. Castle st

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 25th

Undertaker, M. Diffel

Place of Business, 154 S Bond

James E Ismille M. D., Medical Attendant.

Address, 299 E Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 62475 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lawrence Lauer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 11 *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } [illegible]

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, O.F. Jones Co

Date of Burial, Dec 23 rd

Undertaker, W. Duffel

Place of Business, 1513 S. Bond

[illegible] M. D.,

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

~~SECTION 2. And be it further enacted and ordained~~ That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

Permit No. 62496 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 23 1892

Date of Death, Dec 22nd 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Rudeau

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Car Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Hanover St near Elliott

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mayers Cem

Date of Burial, Dec 23 rd

Undertaker, W Diffel

Place of Business, 157 S Bond

J. H. Martin M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore,

Permit No. 62497 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE DEPARTMENT OF HEALTH DEC 23 32 1852

Date of Death, December 22nd 1852

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Kellum

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days,*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, { Give street and Number. } 22. Commerce M—

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 15 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, December 23

Undertaker, H Ross

Place of Business, 95 Lombard St

H. Connolly M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 62498 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Stokes

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, Blk.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 10 mos.

Place of Death, {Give street and Number.} 1 2, Stockton al.

Cause of Death, First, (Primary,) Cap. Bronchitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23d 1882

Undertaker, M J Jordan

Place of Business, 63 Park Ave

Herbert Harlan M. D., Medical Attendant.

Address, Balto Gen. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse.

Board of Health, City of Baltimore,

Permit No. 62499 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH DEC 23 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Blanton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 12 hours Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 243 Jefferson St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Dec 23th 1892

Wm L. Kenard M. D.,
Medical Attendant.

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave. *Address,* 238 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore,

Permit No. 62500 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 23? 1882. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days,*

Color, Ad

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State of country, and now long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} 18 Stockholm St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St —

Date of Burial, 9

Undertaker, J W Chase

Place of Business,

Geo. H. Dixon M. D.,

Medical Attendant.

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children. [illegible]

Coroner

Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6235-01

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 1901 BALTO

CERTIFICATE OF DEATH.

Date of Death, Dec. 22 1901

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 42 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. }

Cause of Death, { First, (Primary,) / Second, (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cem

Date of Burial, Dec. 24th 1901

Undertaker, G. Frances

Place of Business, Bank & Pine *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62302 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23th December 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislowa Samenska

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 10 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years 6 months

Place of Death, {Give street and Number.} Alice Anna street 320

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Angina maligna

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Dec 23th 82

William Henkel M. D.,
Medical Attendant.

Undertaker, G. France

Place of Business, Pant & Wolfe *Address,* S. Wolfert 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62503 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23th December 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie Hesse

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} S. Durham St. 297.

Cause of Death, First, (Primary,) Dentition Convulsions

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, Dec 24th 92

William Henkel M. D.
Medical Attendant.

Undertaker, G. Franco

Place of Business, Frantz & Wolff

Address, S. Wolfe St 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62304 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1882

CERTIFICATE OF DEATH.

Date of Death, December - 22 - 82 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 262 Hughes St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, W P

Date of Burial. Dec 23

Undertaker, F Kirchner

Place of Business, ...

W. S Bond M. D.,
Medical Attendant.

Address, 210 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

Board of Health, City of Baltimore,

Permit No. 62505

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Naptolla Ullman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 104 Low St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew

Date of Burial, Dec 24th 1882

Frank A G Mayer M.D.,
Medical Attendant.

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address,* 75 High St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62586 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 23, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} 333 N. Broadway

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec. 25. 1882

Undertaker, M. A. Bacon

Place of Business, 74 S. Bway

W. W. White, M. D.,
Medical Attendant

Address, 34 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62307 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 th. December 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalia Shores

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~———~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} Philpot & Co

Cause of Death, First, (Primary,) Variolois

Second, (Immediate,)

Duration of Last Sickness, 13. days.

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cem

Date of Burial, Dec. 23d. 82

Undertaker, H. Saunders Son

Place of Business, 252 Canton Ave

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe & Wk.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker ~~or other persons~~ superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62508 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 23 1882 BALTIMORE

Date of Death, December 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Pefferman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, 1 *Months,* 7 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Galts City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 270 S Inn st

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Sat Paulus Cem.

Date of Burial, Dec 24th 1882

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

Thomas D Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 02509

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16—Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 2 1882

CERTIFICATE OF DEATH.

Date of Death, December 23 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hawkins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 40 *Years,* ..... *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Teamster

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 188 Hanover St

Cause of Death, First, (Primary,) Effects of Alcoholic stimulants & Exposure

Second, (Immediate,) Exhaustion

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green

Date of Burial, Dec 23

W. E. Sandrock M. D.
Medical Attendant.

Undertaker, F A Kerchner

Place of Business, ...

Address, 227 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...PHANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 12 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Julia Wallace

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, Mulatto

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co., Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 95 More Alley

Cause of Death { First, (Primary,) Chronic Gastritis / Second, (Immediate,) Asthenia

Duration of last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Shanpt St Cemetery

Date of Burial, Dec 24 82

Undertaker, Abt Kennedy

Place of Business, Woodward Ave

John Dickson M. D.
Medical Attendant.

Address, 26 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6231 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 A.D. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 10 *Months,* ——— *Days.*

Color, (Col)

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boyd St Balt

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 42 Stockton Alley

Cause of death, First, (Primary,) (Col)

Second, (Immediate,) Consumption & Ascites

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, Dec 24th 1882

Undertaker, Wm N. Dunger

Place of Business, No 10 Stockton Al

James S. Fulks M. D., Medical Attendant.

Address, No. 134 Pearl St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6202

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 23 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie R. Cryderville

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 243 W. Hoffman St

Cause of Death, First, (Primary.) Septicaemia

Second, (Immediate.)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bald Eagle

Date of Burial, Dec 24/82

Undertaker, Henry Mitchell

Place of Business, 5 Fort Wayne Ave

Pembroke M. Hemble M.D.,
Medical Attendant.

Address, 243 W. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6233 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death occurred, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. DEC 24 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate M Lenk

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 97 Fawn Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 24

Undertaker, J France

Place of Business,

Geo. M. Gill M.D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62517 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 24 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec. 23/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amin Josinski

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 99 Lancaster St.

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius Cem

Date of Burial, Dec. 24th 82

Undertaker, G. Framer

Place of Business, Fawk & Wash

R. W Mansfield *M. D.,*
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62316 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. DEC 24 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Martin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No. 236 Eastern Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Variola

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec. 24th 82

Undertaker, G. Frazer

Place of Business, Bank & Wolfe *Address,* 24 S. Broadway

C. Dietrich M. D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is respectfully directed to the Notice below, and to Extracts on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62576 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23rd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ed Smith

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 2 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 235 S. Eutaw St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 29th 1882

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta

L. McHall M. D.,
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62317 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 24 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 21 December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, ~~Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Worcester Co Md.

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} 15 Planet alley

Cause of Death, First, (Primary,) Spinal = Meningitis

Second, (Immediate,) Typhomania and Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 24th 1882

Undertaker, Geo W Perkins Jr

Place of Business, 130 Henrietta St

T. D. Dyer M. D.,
Medical Attendant.

Address, 146 Hill St.
T. D. DYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 62378 *Office of Registrar of Vital Statistics.* Ward 2

HEALTH DEPARTMENT DEC 24 1882 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stifel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, all 22 Years

Place of Death, {Give street and Number.} 189 S. Caroline Street

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Evergreen Cemetery

Date of Burial, Dec 24th

Undertaker, Fred Goode

Place of Business, 29 S. Caroline *Address,* 67 Saint Wm. Mosht M. D., Medical Attendant

Cuney & Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62619

HEALTH DEPARTMENT
DEC 29 1882
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gardner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 4 L. Gough St.

Cause of Death First, (Primary,) Asthenia

Second, (Immediate,) Paralysis

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Monday Dec 25th

Undertaker, Jas P. Byrnes

Place of Business, 56 N. Front St

J. W. P. Bales M. D.
Medical Attendant.

Address, 1 1/2 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62520 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 24 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23d, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Evans.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wicomico County, Md.

Duration of Residence in the City of Baltimore, one month.

Place of Death, {Give street and Number.} 458 Block St.

Cause of Death, First, (Primary,) Variola.

Second, (Immediate,)

Duration of Last Sickness, Fourteen Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, Dec. 24th 1882

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann.

John H Rehburg M. D., Medical Attendant.

Address, 2143 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62321 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED DEC 24 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 23d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Thomas Walker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, five *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Widow or Widower~~

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } S.E. Corn. of Canton Av. & Chester st

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, have seen the child at intervals during 10 days was already in a dying condition; was treated by the parents for several days for simple sore throat

All the above information should be furnished by the Physician.

Place of Burial, new Methodist Cemetery

Date of Burial, Dec 25.

Undertaker, Theo J. Locke

Place of Business, 73 Jefferson st

L A Wurmstedt M. D.,
Medical Attendant.

Address, 92 S. Edo st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62522 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22, 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 91 E. Lexington St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec. 25

Undertaker, H. A. Dauer

Place of Business, 74 S. Bway

D. G. Gately M. D.,
Medical Attendant.

Address, 91 E. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 42523 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. Stowell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow ~~or Widower~~. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, abt 35 Years

Place of Death, {Give street and Number.} N. Central Avenue

Cause of Death, First, (Primary,) Run Over by Coal Car

Second, (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Decem. 24th 1882

Undertaker, M A Daiger

Place of Business, 14 N. Broadway

Charles M. Morfit M. D.,
Coroner E. D. ~~Medical Attendant.~~

Address, 67 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

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Board of Health, City of Baltimore, 1882

HEALTH DEPARTMENT, DEC 24 1882, BALTIMORE, MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 23d 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Goode,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, ——— *Years,* Eleven, *Months,* ——— *Days.*

Color, Mixed race, Caucasian and African, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} 8 Sharp Street.

Cause of Death, First (Primary,) Do not know as she was under the care of other physicians until three days before death.
Second (Immediate,) Hydrocephalus Internus,

Duration of Last Sickness, Eleven days,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery Harvey L. Byrd M. D.
Medical Attendant.

Date of Burial, Dec 24 1882

Undertaker, William Monroe Address 127 N. Arlington Avenue,

Place of Business, No 62 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

Permit No. 62525

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Dean

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 39 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Dorchester Co. Md.

Duration of Residence in the City of Baltimore, Three Years

Place of Death, { Give street and number. } 17 Philpot alley

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, Dec 24 1882

Undertaker, [redacted] Robb

Place of Business, Eutaw & Camden

G. S. Kinnamon M.D.,
Medical Attendant.

Address, 73 E. Pratt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Form.

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Board of Health, City of Baltimore,

Permit No. 625-26

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 24 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Henry Martin

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, 8 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 37 Elizabeth Street

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) Cerebral Poisoning

Duration of Last Sickness, 5 ~~Months~~ days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 24 81

Undertaker, Ansberry & Denny

Place of Business, N 268 Light St

G P Starr M. D.
Medical Attendant.

Address, No 58 N Liberty St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...he Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 62327 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 24 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline L. Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 184 Johnson Ct

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Robt Hill B. Co.~~ Balto

Date of Burial, December 24 Dexter Corbin M. D.,

Medical Attendant.

Undertaker, B. Hurd

Place of Business, 62 West St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 625-28 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 24 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } H Leinbach Henry

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 80 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 54 James alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Calvary

Date of Burial, Dec 25

Undertaker, B Hasle

Place of Business,

Geo. W. Dorsey M. D.,

Medical ~~Attendant~~ Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62529 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Friday Dec 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Degan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 11 Elliott St

Cause of death, First, (Primary,) Exposure Scrofula and Diphtheria

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 2 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 24. 82

Undertaker, H Saunders Sons

Place of Business, 202 Cathedral

J E Pinchard M. D.,
Medical Attendant.

Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 62320 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec 7th 82~~ Dec. 22d 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lutton Fr Weber

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 325 E Lemmon

Cause of Death, First, (Primary,) Angina membranacea

Second, (Immediate,) Suffocation

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery Co

Date of Burial, Dec 24 82

Undertaker, Saunders Son

Place of Business, 202 Eastern Ave

F Tabbs M. D.,
Medical Attendant.

Address, 274 E Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ne Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 62531 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 24 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Elizabeth Dierbach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* 27 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} h. 207 S. Wolfe st

Cause of Death, First, (Primary,) Variola (Confluent)

Second, (Immediate,) Septicemia

Duration of Last Sickness, ~ 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Dec. 24 1882

Undertaker, H. Sandy Jan

Place of Business, 202 Canton Ave

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

1

Board of Health, City of Baltimore,

Permit No. 62582

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT DEC 24 1882 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 24. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Marung

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 year & 6 months

Place of Death, {Give street and number.} 25 Shakespeare St

Cause of Death, First, (Primary.) Confluent Variola

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Dec. 24 82

Undertaker, H. Saunderson

Place of Business, 202 Carlton

T. I. Sullivan M.D.,
Medical Attendant.

Address, 116 Thames St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is respectfully invited to the Remarks below. And to List of Diseases on Back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62533

HEALTH DEPARTMENT
DEC 24 1882
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st dec.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. O. Laprade

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 22 *Years,* ~ *Months,* ~ *Days.*

Color, Cold

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, No

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifes

Place of Death, { Give street and number } 22 Baltimore

Cause of Death, First, (Primary.) Phthisis Pul.

Second, (Immediate.) y

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec. 24th 1882

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St

J. H. McCulloh M. D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62534 *Office of Registrar of Vital Statistics.* Ward 18.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 24th December

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, 2 Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 8. Stockholm St.

Cause of Death, First, (Primary,) Diathesis or Scrofula

Second, (Immediate,) Convulsions

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Church

Date of Burial, Dec 28

Undertaker, S McHaos

Place of Business, 178 Harrison

L. A. Dyer M. D.,
Medical Attendant.

Address, 146 Hill St.

L. DYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62535 *Office of Registrar of Vital Statistics.* 12.00

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 23 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Ballard

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 14 *Years,* 14 *Months,* 22 *Days.*

Color, Negro

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 2 Brobris Court. Jordon Alley.

Cause of Death, First, (Primary.) Acute Hydrocephalus

Second, (Immediate.)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 25

Undertaker, S W Chase

Place of Business, 193 Howard St

Dr Robt N. Johnson M.D.,
Medical Attendant.

Address, 70 Cathedral St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62536 *Office of Registrar of Vital Statistics.* Ward 17 W

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 24. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. E. Zentgraff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 29 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 369 Light

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, December 27 Thomas Opie M. D.,

Medical Attendant.

Undertaker, B. Hall

Place of Business, 82 West Pratt *Address,* 146 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back...

Board of Health, City of Baltimore,

Permit No. 6537 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Birbin Daisy~~ DEC 24

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Daisy Dooley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 5 *Months,* *Days,*

Color, W L

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B C Co

Duration of Residence in the City of Baltimore, 14 - 3

Place of Death, { Give street and Number. } 130 Fort ave.

Cause of Death, First, (Primary,) Small pox

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, December 25

Undertaker, B. Hurle

Place of Business, 82 West ... *Address,* 313 Light St

R. H. P. Ellis *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62038

HEALTH DEPARTMENT
DEC 23 1882
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23rd Dec. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Ed. Hoffman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~7 days~~ Life time

Place of Death, {Give street and number} 53 S. Arlington Ave

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Septicemia

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 25th 1882

Undertaker, Ch. M. Leonard & Son

Place of Business, 782 W. Baltimore

E. N. Benson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

Board of Health, City of Baltimore,

Permit No. 62539 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. E. Pattison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 309 E. Baltimore st.

Cause of Death,
First, (Primary,) Pleuro-Pneumonia (Double)
Second, (Immediate,) .....

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, December 26th 1882 Geo. A. Hartman M. D.,
Medical Attendant.

Undertaker, Denny & Mitchell
Place of Business, 68 S. Broadway *Address,* 305 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62348 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, dec 24, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maud L. Gordon

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, one month

Place of Death, { Give street and Number. } 363 McHenry

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec. 26 1882

Undertaker, J. B. Cook

Place of Business, 709 W Balto st

James Bosley M. D., Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

18

Board of Health, City of Baltimore

Permit No. 62541

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT, DEC 25 1882 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 24th Dec. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cavanaugh

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Moulder

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 * Ryan Lt

Cause of Death, First, (Primary.) Variola (Confluent)

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, 25 Dec., 1882 R. C. Smith *M.D.,*

Medical Attendant.

Undertaker, J. B. Cooke.

Place of Business, 707 W. Balto, St. *Address,* 106, Colum. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 2

Permit No. 62342 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of a proper certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anzi Brugemann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 86 — *Years,* 3 m *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } widow

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and Number. } 175 S Wolf St

Cause of Death, First, (Primary,) Fracture of neck of thighbone

Second, (Immediate,) non union - bedsores to

Duration of Last Sickness, about 10 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 26 - 82

Undertaker, H. Sanderson

Place of Business, 252 Canton Ave

G. A. Dorsey M. D., Medical Attendant.

Address, 84 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 62543 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 25 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Shutt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Seven *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland (Western)

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and Number.} No 479 E Eager Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 25/82

Undertaker, Fuge Bro

Place of Business, 570 Aisquith *Address,* No 1022 E Broadway

Wm. H. Glendinning, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 625444 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alphonsus Muraiosky

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 132 Lancaster St.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec. 25th 1882

Undertaker, Michael Rumkofski

Place of Business, 276 O, Conn Av.

Geo. R. Dixon M. D.,
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62576 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 25 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Hoburg

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 10 *Months,* 12 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Switzerland - 36 yrs

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} 247 Conway St

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,) Effusion in Brain

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, December 26th 82

Undertaker, Wm J. Ticknor

Place of Business, 65 S. Eutaw St *Address,* 76 Paca St

J. H. Guy M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6234/6 *Office of Registrar of Vital Statistics.* Ward.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 24. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry G. Pope

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* Nine *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His Entire life time

Place of Death, {Give street and Number.} 289 Lexington St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) do

Duration of Last Sickness, About Six day

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec. 26th 1882.

Undertaker, Adam Waidemeyer

Place of Business, 518½ W. Baltimore St. *Address,* 64 N Paca St

Hammond & Turner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62347 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 23 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Lefevre

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 9 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cigar-maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 299 E. Preston St.

Cause of Death, First, (Primary,) Diabetes Mellitus

Second, (Immediate,) .....

Duration of Last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 26th

Undertaker, Geo Schilling

Place of Business, 16 Holland Square

Geo. A. Hartman M. D.,
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 62578

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schupp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 363 Orleans St.

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 26 1882

Undertaker, John Heaney.

Place of Business, 382 Orleans St

H. Collenberg, M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 62549

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Muhlhorn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Yrs

Place of Death, {Give street and number} 837 E. Fayette

Cause of Death First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness, 1 Yr

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 27th 1882

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

Wm N. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62560 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 25 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 24-1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Mendechen

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 66 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, { Give street and Number. } St. Joseph's Hospital

Cause of Death, First, (Primary,) Dy Chilis

Second, (Immediate,) Apoplexy.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Dec 26 th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmount Ave

E. O. Goodman M. D.,
Medical Attendant.

Address, St Joseph's Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62351 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Anschutz

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} .....

Age, 2 *Years,* 4 *Months,* ..... *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} .....

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rear of 44 Market Space

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} Rear of 44 Market Space

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Croup

Duration of Last Sickness, Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial. Dec 26 1882

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Abraham Shentzer MDD., Medical Attendant.

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 62332 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23. 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Buckhanan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~~ *Years,* 3 *Months,* 15 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Live

Place of Death, {Give street and number.} 41 W. Lytton St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 25th 82

Undertaker, M J Gadau

Place of Business, 63 Park Ave

Jno. D. Kirk *M. D.,*

Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 62333

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward //

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE, MD. DEC 25 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 23 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Loeckel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 65 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 285 N. Howard st.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 28th, 82

Undertaker, Henry Sock

Place of Business, 369 W. Pratt *Address,* 3 N. B'way

Dausch *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62337 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec. 23d 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Haug

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months,* ..... *Days,*

Color, Wht

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State of country, and now long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 120 Lancaster

Cause of Death, First, (Primary,) Tetanus

Second, (Immediate,) Paralysis cordis

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec. 26th 82

Undertaker, G. Frazier

Place of Business, Bank & Mott *Address,* 24 E Pratt

Flattin, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62555 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 28 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Vehum

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 56 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} wid married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 86- St. Chapsell st.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 4 days

At the above information should be furnished by the Physician.

Place of Burial, Dec 28 82

Date of Burial. 28 Hillhouse

Undertaker, G. Franc

Place of Business, Bonn & Mc

Geo Dausch M. D., Medical Attendant.

Address, 3 N. B'way.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62556 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regina Frank

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 S. Washington St.

Cause of Death, First, (Primary,) This child was reported to me as being sick one week. It was Second, (Immediate,) dying when I saw it. The indications were diphtheria. I visited as Duration of Last Sickness, often as I could, from hours after I was called,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Dec 25th 82

John F. Mormonier M. D., Medical Attendant.

Undertaker, G. Frazer

Place of Business, Banks & Wolf *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 6255

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lehnert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and Number.} No. 2548 Aisquith St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of Last Sickness, 1 Week

All the above Information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Dec 25th 82

Undertaker, G. Franc

Place of Business, Grant & Wolfe *Address,* 1 Broadway

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62555. *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 25 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Mary~~ Anna Larkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Since birth

Place of Death. {Give street and Number.} 13 S. Duncan Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions,

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec. 26. 82

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 95 Park Ave.

A. F. Eichl M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 6233

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Means

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* 1 *Months,* 2 *Days.*

Color,

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Born

Place of Death, {Give street and Number.} 23 Hanover St

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, South Chapel Balto Co

Date of Burial, Dec. 25. 82

Undertaker, C. Sauder Jun

Place of Business, 262 Eastern Ave

J. H. Martin M. D.,
Medical Attendant.

Address, Eastern & Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 62360

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 25 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 23 Sept 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lashock

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 42 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany. Posen

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} Pleasant Alley 1

Cause of death, First, (Primary,) Cancer of liver

Second, (Immediate,) Weakness

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Sept. 26. 82

Undertaker, H. Sander Jr

Place of Business, 252 Canton

L. J. Reinhard M. D.,
Medical Attendant.

Address, 224 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62361 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Turk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Baby

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cor Lombard & Parkin

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and Number.} Cor Parkin & Lombard

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Oedema of Lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial St Patrick's Cem

Date of Burial, Dec 25th 1882

Undertaker, Joseph F Byrne

Place of Business, 59 n Eutaw *Address,* [illegible]

John Morris M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [illegible]

Special Attention of Physicians is respectfully invited to the Reverse below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 23' 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Corliss

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 17 Barnet

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Asthenia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, Dec 25th 1882

F. E. Chatard M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 N Liberty *Address,* 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62363 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED
DEC 25 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna V. Barclay

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, 25 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and Number.} 33 Hollins St.

Cause of Death, First, (Primary,) Laryngeal Phthisis.

Second, (Immediate,) .....

Duration of Last Sickness, About 4 months.

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem.

Date of Burial, Dec 26th, 1882

Eldridge C. Price, M. D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette St. *Address,* 2621 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62364 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 24/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Wahl

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* —— *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B—City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 17 Bentalou St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Laryngeal Stenosis

Duration of Last Sickness, 6 or 7 ds ——

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 25/82

Undertaker, John H. Rice

Place of Business, 858 W. Pratt St

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette

(Corrected)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62565

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S PERMIT
DEC 25 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 24. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Finegan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Policeman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and Number.} 131 Maryland av

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 26 1882

Undertaker, Joseph F. Byrne

Place of Business, 57 Liberty st

T. B. Browne M. D.,
Medical Attendant.

Address, 307 Madison av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62566 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 25 1882 BALTIMORE, MD.

Date of Death, Dec 23, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Abel Lee

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 24 *Years,* — *Months,* — *Days,*

Color, Black

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation, Driver

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Calvert Co. Md.

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, { Give street and Number. } 65 Davis St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 25

Undertaker, John B Loane

Place of Business, 73 Hanover St

Thomas Condon M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Iduanna Franck

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 122 Pearl Cor Saratoga

Cause of Death { First, (Primary,) Hooping Cough
Second, (Immediate,) Brain effusion

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 26

Undertaker, P Kunnen

Place of Business,

Geo G Brewer M. D

Medical Attendant.

Address, 136 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

26 Inst

Board of Health, City of Baltimore,

Permit No. 62668 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 25/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Koch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bald. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 38 Lancaster st.

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, St Paulus Lemeterium

Date of Burial, Dezemb. 26.

Undertaker, Leonhard Feurz

Place of Business, 227 E Baltimore st.

R W Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the ~~Burial, a~~ Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62769 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Lewrofski

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 252 Alice Ann St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Spesutia

Date of Burial, Dec 26

Undertaker, W Nicolaus

Place of Business,

Geo. H. Gorsuch M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Physicians and Apothecaries respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 62370 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 198 Eastern Ave.

Cause of Death, First, (Primary,) Small-Pox

Second, (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 26th 1882

James F. Shaw M. D., Medical Attendant

Undertaker, Wm. Nicolaus

Place of Business, 238 Aliceanna St. *Address,* 88 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6237 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Sehene

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 15 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 88 Henrietta St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Collapse

Duration of Last Sickness, 15 days

All the above Information should be furnished by the Physician.

Place of Burial, St Alyson Cemetery

Date of Burial. Decem 26

Undertaker, B. Hull

Place of Business, 62 West St

Wm Goode (M. D.,
Medical Attendant.

Address, 170 S. Wash St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

17

Board of Health, City of Baltimore.

Permit No. 62572

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEPARTMENT OF HEALTH DEC 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Claffett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 19 Marshall St

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, Decemb. 26

Undertaker, B. Mault

Place of Business, 82 West St

O A. Cooke *M.D.,*

Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62978 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Wentworth

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 24 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 42 Hunt St. Li. Point

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Decemb. 26 -

Undertaker, P. Hall

Place of Business, 92 West St.

R. W Mansfield M. D., Medical Attendant

Address, 117 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

17

Board of Health, City of Baltimore,

Permit No. 62674

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann McCabe

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 77 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Co

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and number. } Light St near Barney st

Cause of Death, { First, (Primary.) a softening of Second, (Immediate.) .....

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, December 27

{ *Undertaker,* B. Kiehl

{ *Place of Business,* 82 West 17

Dr A. Cook *M.D.,*

Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6275 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} York Pa.

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} 16 Forest Place

Cause of Death, First, (Primary,)

Second, (Immediate,) Puerperal Fever

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, York Pa.

Date of Burial, Dec 27th/82

Undertaker, Jas P Byrne

Place of Business, S. on H St Nr Low

Silas H. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

Permit No. 62576

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emile Stultz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cabinet-Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} 165 Conway Street

Cause of Death, First, (Primary.) Organic Disease of the Liver

Second, (Immediate.) Dropsy

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 26th 2 P.M.

Undertaker, H Brile

Place of Business, 81 Henrietta St

H. F. Ellicott M.D.,
Medical Attendant.

Address, No 5 N. Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62377 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Mackubbin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 645 Light St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Laryngitis

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 26 1882

Undertaker, H Brate

Place of Business, 21 Hamilton Ave

O. F. Delaplaine M. D.,
Medical Attendant.

Address, 32 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62578 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Des

CERTIFICATE OF DEATH.

DEC 28 1882 BALTIMORE

Date of Death, ~~Dec~~ Jan 25th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward T. Barrington

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Sixty two *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Phila: Pa.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 179 Edmondson Ave

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial 27th Dec. 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 765 N. Charles

L. Gantteaume M. D.,
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Permit No. 62578

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEPARTMENT OF HEALTH DEC 28 1882 BALTIMORE

Date of Death, 24th December

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Louise

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cathedral & Balto

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 27th 1882

Undertaker, H.W. Jenkins & Sons

Place of Business, 75 N Charles St *Address,*

Thos. J. Smith, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62588 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martine Kehoe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hoosier Ireland

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and Number.} 180 N Front

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) Syncope (Faint)

Duration of Last Sickness, 1 hr

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 27

Undertaker, P. P. Byrne

Place of Business,

A. Hall M. D.,
Medical Attendant.

Address, 436 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62581 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 27 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate A. Dorsch

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 2 *Years,* 5 *Months,* *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 32 N. Paca St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 26 1882

H. P. Reynolds M. D.,
Medical Attendant.

Undertaker A. Rosenberger

Place of Business, 70 Mulberry St *Address,* 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of ... for Burials ... Office ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to ...

Board of Health, City of Baltimore,

Permit No. 62582 — *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 26th December 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Valeska Rumkowska

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} S. Ann Street 276

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec. 26 1882

Undertaker, [illegible]

Place of Business, [illegible]

William Henkel M. D.,
Medical Attendant,

Address, S. Wolfe & Ann

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62383 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E Hartlove

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 226 Canton ave.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

Duration of Last Sickness, 22 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 26 1882

Undertaker, M. Hunt

Place of Business, 88 Bunk

M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62387 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

Geo. N. Dunson M. D.,
~~Medical Attendant.~~

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

See following Certificate

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62585 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank C. Miller

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 24 Years, ? *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cigar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 15 months.

Place of Death, {Give street and number.} 58 N. Poppleton St.

Cause of death, First, (Primary,) Scarlatina (Malignant)

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, 60 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec. 26 1883

Undertaker, J. Block

Place of Business, 707 W. Balto St.

J. Rickert M. D.,
Medical Attendant.

Address, 520 Cumm Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62386 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* [illegible] Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Bowerlox

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twenty Six *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} McCulloh St. near Boundary

Cause of Death, First, (Primary,) Muscarnia

Second, (Immediate,) Septicaemia

Duration of Last Sickness, About ten days was not called until two days previous to death I then pronounced her case not serious.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec 26 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

A. C. Pole M. D.,
Medical Attendant.

Address, No 1. North Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 62587

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Starklauf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 1 *Months,* 24 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Balto City

Place of Death, {Give street and number.} Aisquith St. Nr. 289 above Eager St.

Cause of Death, First, (Primary.) Acute Phthisis

Second, (Immediate.) Prostration (and abortion) at 6 mo

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Dec 27 1882

Undertaker, Fred Loock

Place of Business, 309 N Eutaw St

E. M. Schutte Jr. *M.D.,*
Medical Attendant.

Address, S.W. cor. Wolf st & Canton ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62588 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Emma Applegarth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 S. Washington St.

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, Did not prescribe - was third Physician called in

All the above Information should be furnished by the Physician.

Place of Burial, St Mary Lorenzo Cemetery

Date of Burial, Dec 26 1882

Undertaker, John Hennis

Place of Business, 352 Canton Ave

J. H. Collenberg M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

3

Permit No. 62589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mnes Eckengreen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 64 *Years,* X *Months,* X *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number} 30 S Broadway

Cause of Death First, (Primary.) Heart disease

Second, (Immediate,) Dropsy

Duration of last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalam Cemty

Date of Burial, Dec 26 1882

Undertaker, Wm Eblau

Place of Business, 101 Gough St

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person whose death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 62590 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26 / 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hale Hennecke

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* — *Months,* 10 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 57 Parker St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 26/82

Undertaker, J. B Cook

Place of Business, N. Balto St

Geo H. Benson M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition, whether married or single, of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. B Cook

Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62571 / *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie H. Hilchrest

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 4 Months, 16 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 186 Bolton St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scbticaemia

Duration of Last Sickness, about two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, Dec 26/82

Undertaker, D Emmy & Mitchell

Place of Business, 550 W Fayette St

W. R. Uhler M. D.,
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

Board of Health, City of Baltimore,

Permit No. 62592 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sue E. Williams

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 414 N. Calvert St

Cause of Death, First (Primary,) Bright's Disease of Kidneys and Valvular disease of Heart (Cardiac)

Second (Immediate,) Asthenia and Coma

Duration of Last Sickness, I do not know; seen first by me 7 weeks ago

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Dec 27th 1892

S. Le Chen M. D.
Medical Attendant.

{*Undertaker,* D Emmy & Mitchell
{*Place of Business,* 550 W Fayette St *Address* 1417 N Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

/

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec- 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bienell

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 5 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No- 99. Duncan Alley

Cause of Death, First (Primary,) ?

Second (Immediate,) Variola

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Cemetery

Date of Burial, Dec 26

Undertaker, W Hafman

Place of Business,

A. P. Clarke M. D.
Medical Attendant.

Address, 237 Gough st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62594 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Hoch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X Y

Occupation, X X Y

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 8 Duncan Alley

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Lane

Date of Burial, Dec 26 1892

Undertaker, G. France

Place of Business, Pawn Broker

James E Donnelly M. D., Medical Attendant.

Address, 299 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...to the Numbers Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 62596 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1892 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec the 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jhon Elliott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 180 Eastern ave

Cause of Death, First, (Primary,) Spasum and Trash

Second, (Immediate,)

Duration of Last Sickness, Sickly Born

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, Dec the 25.

Undertaker, Mr. Lacke

Place of Business,

Geo. W. Bowen M. D.,

~~Medical Attendant~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62696 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 26 1892

Date of Death, December 25 - 92

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John F - Dorsey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 *Years,* ..... *Months,* ..... *Days,*

Color, W

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } German

Duration of Residence in the City of Baltimore, 36 - Years

Place of Death, { Give street and Number. } 10 - Dolphin St -

Cause of Death, First, (Primary.) Heart - Disease

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Dec 27

Undertaker, Walter Cramer

Place of Business, 315 N. Bond St. *Address,*

H. J. Hunt *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62597 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna K. Hirsh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} 33 Aisquith St

Cause of Death, First, (Primary,) Aortic insufficiency

Second, (Immediate,) Anasarca

Duration of Last Sickness, indefinite — death sudden — but complains abt. 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. Dated Dec 27th 1882 A. B. F. Grove M. D.,

Date of Burial, Dec 27th 1882

Undertaker, Ambrose Staehler

Place of Business, 244 E. Lombard Address, 128 Aisquith

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62378 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 25 – 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Buchardt

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 68 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 345 E. Lombard st

Cause of Death, First, (Primary,) Congestion Lungs

Second, (Immediate,)

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 27th 1882

Daniel M. D.,
Medical Attendant.

Undertaker, A. Koehler

Place of Business, 244 E. Lombard *Address,* 3 N. B'way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62899 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 25 December 1862

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Belle Fannin

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, Four *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 10 Bethel Place

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec. 26th

Undertaker, Coolahan & Evans

Place of Business, Eager & Valley Sts

N. B. Dashiell, Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62600 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEPT. DEC 26 1882 HEALTH

Date of Death, Dec. 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Tennessee

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and Number.} 75 Chestnut

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, E.R.

Date of Burial, Dec 27

Undertaker, W. Coleman

Place of Business,

Geo. H. Dixon M. D.,

Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 62601 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 37 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and Number. } # 67 Watson St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) ~~13 days~~

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, Dec 27

Undertaker, M Coleman

Place of Business, ...

Geo. W. Jones M. D.,

Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

By Jos. P. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6 F 602 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT TO BE BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, Dec 25

Undertaker, J C Schuh

Place of Business, ...

Geo. K. Jones M. D.,

~~Medical Attendant.~~

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See following certificate

Cert of Death #62602

Date of Death December 25 1882

DEC 26 1882 BALTIMORE

Name of Deceased Tinij Norr,

female, white

born at Baltimore aged 12

days - died at No. 138 S.

Castle st with

Confe Small Pox

L C Winterwitz

125 Edan St

Board of Health, City of Baltimore,

Permit No. 62603 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 26 1882

Date of Death, 24th. December 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valerian Brosowsky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1½ years.

Place of Death, {Give street and Number.} Griffin's Court 75.

Cause of Death, First, (Primary.) Cyanosis. Small pox

Second, (Immediate,)

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Dec. 24th 82

Undertaker, D. C. Schuh

Place of Business, 265 Alice Anna St. *Address,*

William Henkel M. D., Medical Attendant.

S. Wolfert & Bro.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 62604

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 26 1882

Date of Death, Dec. 25 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Nicolai Nicolai

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 84 c *Years,* 7 c *Months,* 4 c *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 13 Barre St 240

Cause of Death, First, (Primary.) Marasmus Senilis

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 27th.

Undertaker, F. N. Troll

Place of Business, 131 Hanover St. *Address,*

C. H. Tieh M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6760 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Cockson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 196 Church St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt O

Date of Burial, Dec 27

Undertaker, F A Merdinger

Place of Business,

W. S. Booze M. D.,
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62606 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ray son of McDonnell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XXX

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 178 S. Ann St

Cause of Death, First, (Primary,) Difetheria

Second, (Immediate,)

Duration of Last Sickness, Monday Dec 18th 1882 First visit

All the above information should be furnished by the Physician.

Place of Burial, Boat Comet Wesley

Date of Burial, 26 Dec 1882

Undertaker, John C. Gilbert

Place of Business, 265 Aisquith

James E Donnelly M. D., Medical Attendant.

Address, 296 Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

12

Board of Health, City of Baltimore,

Permit No. 62607

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 26 1882

Date of Death, Dec 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Grey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* 0 *Months,* 0 *Days.*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 8 Farewers Alley

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Haemorhage from Stomach

Duration of Last Sickness, Five Years

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, Dec 26th

Undertaker, Thomas Jensen

Place of Business, 84 Pratt

13 F Andrews M.D.,
Medical Attendant.

Address, Cor Ann & Wilkens

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Erdman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Maryland

Duration of Residence in the City of Baltimore, Long years

Place of Death, {Give street and number} N E Cor Washington & Keyser Sts

Cause of Death First, (Primary,) Phthisis Pulmonalis & Mit. Valv. Disease

Second, (Immediate,) Hy Dothorax

Duration of last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto, County

Date of Burial, Dec, 27th 82

Undertaker, Wm. H. Huckman

Place of Business, 234 E. Way St

I. Funell Mantuet, M. D.
Medical Attendant.

Address, Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. G. PUBLANY & SON, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 62869 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26 September 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Wilh = Ruez

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 64 *Years,* 1 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, saloonkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria - Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} Corp 14 88

Cause of death, First, (Primary,) Atheromatous degeneration of arteries

Second, (Immediate,) General debility.

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 28 September 1882

Undertaker, John J. Paules

Place of Business, 66 Fred. Avenue

W. A. Reinhard M. D.
Medical Attendant.

Address, 214 W. Fayette Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62610 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caleb Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} 15 Penn Alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) in Consumption

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, WP

Date of Burial, Dec 26

Undertaker, D Kerchner

Place of Business,

[illegible], M. D.,
Medical Attendant.

Address, 161 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over.

Board of Health, City of Baltimore,

Permit No. 62611 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEC 26 1892

CERTIFICATE OF DEATH.

Date of Death, Dec. 26 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Collins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entire time

Place of Death, {Give street and Number.} No 268 Canton Ave

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial. Dec. 26 1892

Undertaker, H. Sanger & Son

Place of Business, 202 Canton Ave

M. D.,

Medical Attendant.

Address, 268 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62612

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 26 1882

CERTIFICATE OF DEATH.

Date of Death, December 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Fedig

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Druggist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} No 146 E Lafayette

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, do not know-but several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Dec 27 1882

Undertaker, Thos J Hughes

Place of Business, 66 E Baltimore

J. Ridgway Andrew M. D.,
Medical Attendant.

Address, 121 E Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Date of Issue of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6263 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

256
28
1882

CERTIFICATE OF DEATH.

Date of Death, December 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Hausen

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 64 *Years,* —— *Months,* —— *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Sugar

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania 1 year.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 236 Madison Ave

Cause of Death, First, (Primary,) Cystitis - Pyelo - Nephritis

Second, (Immediate,)

Duration of Last Sickness, Inv - Weeks -

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 28 / 1882

Undertaker, Wm. C. Hughes

Place of Business 66 E. Balto *Address,* 306 Madison Ave

Chas. H. Riley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62614 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Clark

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6-4 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 66 Chestnut St

Cause of Death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) Tubercular Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. Dec 26 1882

Undertaker, William Burns

Place of Business, No 12 East St

Wm L. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62615 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Peele

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* *Days,*

Color, col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Child

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 3 Stockton Alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26 1882

Undertaker, Wm Wenzel

Place of Business, No 62 East

John Neff M. D.,
Medical Attendant.

Address, N.E. Cor Carrollton & Hanover Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 2616 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24 "82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Dreff

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 280 E Lanvale St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Acute Peritonitis

Duration of Last Sickness, 10 days

Place of Burial. ES

Date of Burial. Dec 25

Undertaker, M Coleman

Place of Business, ... *Address,* .....

..... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. H. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62617 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Reyes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 196 Harper St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 27th

Undertaker, H Ross

Place of Business, 95 Monument St

W. S. Booze M. D.,
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62618 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 26 1892

CERTIFICATE OF DEATH.

Date of Death, Dec 26th/92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Roberts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 18 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 138 Sarah Ann St

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) ~~3 days~~

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 27th 92

Undertaker, Matthew Underdunk

Place of Business, 227 Mulberry St

Louis C Hom M. D.,
per Eff
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 12419 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johannah Dickmann

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Female

Age, 18 *Years,* 4 *Months,* 5 *Days,*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} 195 Columbia Av.

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Depression

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 27. 82

Undertaker, Philipp J. Dill

Place of Business, 183 Columbia Av

C. L. Buddenbohm M. D., Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully ...

Board of Health, City of Baltimore,

Permit No. 62620 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1892

CERTIFICATE OF DEATH.

Date of Death, Dec 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bolzer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} f

Age, 4 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 77 Thames st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Dec 27

Undertaker, E Brance

Place of Business,

Geo. N. Benson M. D.,

~~Medical Attendant~~

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 E 621 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 22d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John N. Schneck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Cor Canton Ave & Chester

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Pat Cemetery

Date of Burial, Dec 23/82

Undertaker, M. Coleman

Place of Business,

Geo. H. Dixon M. D.,
~~Medical Attendant.~~

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm Geo. H. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62662 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) ..... }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial. Baltimore Cemetery

Date of Burial. December 27th 1882

Undertaker, Denny & Whitelock

Place of Business, 65 S. Broadway

..... M. D., Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 62628 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs N. Hardesler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 45 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, { Give street and Number. } St Vincents Hospl

Cause of Death, First, (Primary,) Cancer of Womb

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 27/1882 J. H. Butler *M. D.,*

Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Penna *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore,

Permit No. 62627 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Kehl

Sex, Male & ~~Female,~~ { Cross out the word not required in this line. }

Age, 9 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Poland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and Number. } 56 years old

Cause of Death, First, (Primary,)

Second, (Immediate,) Variola

Duration of Last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial Johnson County

Date of Burial, Dec 27th

Undertaker, Ambrose Koelsch

Place of Business, 244 E. Lom[illegible] *Address,* 95 Park Ave.

A. F. Erich M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella. V. White

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 432 Lexington St.

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) "

Duration of last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Dec 27th 1882

T. Chew Worthington M. D.
Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, 202 N. Eutaw St. *Address,* 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Balti...

Permit No. 62626

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Waltham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~54~~ 4 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 5 Gaines st

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, 5 ~~Days~~ hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, December 28

Undertaker, B. Hall

Place of Business, 82 West St.

C. A. Cator M.D.,
Medical Attendant.

Address, 313 Eight st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 12627 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 27 1882

CERTIFICATE OF DEATH.

Date of Death, December 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gravett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* ——— *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, dinny

Place of Death, {Give street and number.} 8 Binnie St

Cause of death, First, (Primary,) Confluant Small Pox

Second, (Immediate,) do do Epostion

Duration of Last Sickness, 7 days The most malegnant case I have seen in the incubating state

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Decbr 27th 1882

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann

J. E. Prichard M. D.,
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62628 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 27th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Arens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Can maker,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} #147 Alice Anna

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery.

Date of Burial, Decbr 27th 1882

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann

John H. Kehlenbeck M. D.,
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 62629 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret B. Ehrlichs

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* 11 *Months,* *Days.*

Color, White.

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 29 yrs.

Place of Death, {Give street and Number.} 214 N. Wolfe St.

Cause of Death, First, (Primary,) Old age.

Second, (Immediate,) Marasmus.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, Dec 28th

Undertaker, Geo. Schilling

Place of Business, 45 & Canal Square

A. F. Erich M. D.,
Medical Attendant.

Address, 95 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62620 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 27 1882

Date of Death, Dec. 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilmore Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 101 Hill St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Bronchitis and Heart disease

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 27th 82

Undertaker, Geo N Perkins

Place of Business, 130 Henrietta st

E. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62631 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Hochteraner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 6 *Months,* 9 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Capitalist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 130 Lemmon & Hanover Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Angina Pectoris

Duration of Last Sickness, 15 minutes

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 28

Undertaker, J. H. Loth

Place of Business, 131 Hanover St

Theron Case M. D., Medical Attendant.

Address, 140 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62632 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 27 1882

Date of Death, Dec 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Medel.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and No. or Number.} 376 S. Eutaw St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Laryngitis. Membranous. Supposed Diphtheria but no visible signs of Membrane or deposit about the Throat,

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial, Dec 29th

I, J. H. Tall M. D., Medical Attendant.

Undertaker, F. N. Frull

Place of Business, 131 Hanover

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62633 *Office of Registrar of Vital Statistics.* Ward /

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26: 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Spencer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X X

Occupation, X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 123 S. Chester St.

Cause of Death, First, (Primary,) Eclampsia Congestion of Brain

Second, (Immediate,) Eclampsia

Duration of Last Sickness, Saturday Dec 23rd 1882

All the above Information should be furnished by the Physician.

Place of Burial, Druid Hill

Date of Burial, Dec 28th

James E Emmitt M. D.,

Medical Attendant.

Undertaker, H. Siffel

Place of Business, 18 Bond st. *Address,* 99 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6263[illegible] *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 27 1882

Date of Death, Dec 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Anderson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 131 Chesnutt Alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 131 Chesnutt Alley

Cause of Death, { First, (Primary,) Diptheria / Second, (Immediate,) }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 28th 1882

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St *Address,* 223 Franklin St

John H. Brown M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore.

Permit No. 62635

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 27 1882

Date of Death, Dec 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Gill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number.} 479 Aisquith

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 28/82

Undertaker, Fry & Son

Place of Business, 87 W Broadway

W. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62636 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 27 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 26 / PM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen W. Wattley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 9 4 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 150 S. Collins Law Ave.

Cause of Death, First, (Primary,) Intussusception Colic

Second, (Immediate,) Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Dec 27th 1882

Undertaker, Chas J Scriven

Place of Business, 271 N Eutaw St *Address,* 77 S Broadway

J. L. Wilkins M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6263 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 27, 1882

CERTIFICATE OF DEATH.

Date of Death, December 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Clark Steer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~~ Years, 2 Months, 5 Days,

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 17 N. Wolf St. Entitled

Cause of Death, First, (Primary,) Tuberculosis Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, Since birth 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec. 28th 1882

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway

J. L. Winston M. D., Medical Attendant.

Address, 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62638 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately fill-ed*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1882

CERTIFICATE OF DEATH.

Date of Death, December 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kunigunder Pfeiffer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } .....

Age, 38 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 2 Sarah Ann St

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Heart Disease

Duration of Last Sickness, 5 Minutes

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 27th 1882

Undertaker, Mrs B Kummert

Place of Business, 317 Mulberry St

Alexander Tinsley M. D., Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 62639

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1882

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 25/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Victoria N Stewart

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 4 *Months,* 11 *Days.*

Color, Bright

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Pulmonary Tuberculosis
Second, (Immediate.) }

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Sm

Date of Burial, Sept 28

Undertaker, C H Blizzard

Place of Business, 198 Penn

Thos J Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62640 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 27 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Strong

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dartmouth P.O. Sussex Co England

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and Number.} Sisters Josephs Hospital

Cause of Death, First, (Primary,) Endocarditis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 28 days

All the above Information should be furnished by the Physician.

Place of Burial, ES

Date of Burial, Dec 27

Undertaker, H Coleman

Place of Business,

Walter Wyman, M. D., Medical Attendant.

Address, St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 62641 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 27 1882

CERTIFICATE OF DEATH.

Date of Death, December 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac H. Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 – *Years,* – *Months,* – *Days.*

Color, C

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} –

Duration of Residence in the City of Baltimore, abt 16 Years

Place of Death, {Give street and Number.} 150 N Caroline St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, abt 1 month

All the above information should be furnished by the Physician.

Place of Burial Samuel Simenter

Date of Burial, Dec 27/1882

Undertaker, Charles A Mi[illegible]

Place of Business, 35 Granby Street

Chas H. Morfit M. D.,
Medical Attendant.

Address, 6 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore.

Permit No. 62642

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

DEC 1882 BALTIMORE

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Wilkinson,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 120 Hubert St. Locust Point.

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Convulsions.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Decem 29th 1882

{Undertaker, Denny & Mitchell

{Place of Business, 65 S. Broadway

J. J. Sullivan M.D.,
Medical Attendant.

Address, 116 Thames St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62643 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a fast illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lenie Pratt Mason

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years~~, 7 *Months,* 12 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 2 S. Ann st

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Decem 29th 1882 Thomas D. Evans M. D.,

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62644 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC. 28. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27- 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham E Stiel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, ~~W~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 580 - Penna Ave

Cause of Death, First, (Primary.) Typho - Malarious Fever

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, 28th

Undertaker, J. J. Chalmers

Place of Business, 336 Penn Ave *Address,*

D. J. Jones *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 62645

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 28 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27: 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda H. Marcus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ One Hour ~~Days~~

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 340 Saratoga

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 340 Saratoga

Cause of Death, First, (Primary.) Failure of Foramen Ovale to close

Second, (Immediate.)

Duration of Last Sickness, One Hour

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec 28th 1882

Undertaker, H Lewis Lehr & Co

Place of Business, 109 N Fremont

C. L. Williams M.D.,
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore.

Permit No. 62616

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec - 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Reedy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boatman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 8 Years -

Place of Death, {Give street and number.} 69 Plum Alley

Cause of Death, First, (Primary.) Intemperance

Second, (Immediate.) Congestion of the Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, Dec 26 1882

Undertaker, Fred A Gechner

Place of Business, 50 Hanover Ave

Ed A Bell M.D.,

~~Medical Attendant~~ Coroner & Dist

Address, 101 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62647 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

DEC 28 1882

CERTIFICATE OF DEATH.

Date of Death, December 24th '82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Catarrhal Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, West Public County

Date of Burial, Dec 26/1882

Undertaker, Fred A Kirchner

Place of Business, 50 S Carroll Ave

C. F. Mitchell M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62646 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 28 1882 BALTIMORE

Date of Death, Dec 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Barton

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 95 Church Ct between Hanover & Charles

Cause of Death, First, (Primary,) Croup 24

Second, (Immediate,) "

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lamb

Date of Burial, Dec 28th 1882

Geo. H. Dixon M. D.,

Medical Attendant.

Undertaker, A. Rose

Place of Business, Conway bet

Address, 95 Church Ct

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62649

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 28 1882

CERTIFICATE OF DEATH.

Date of Death, December ~~28~~ 27th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Conway

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Daily Life

Place of Death, { Give street and number. } 5 Jones St

Cause of Death, { First, (Primary.) ; Second, (Immediate.) Convulsions

Duration of Last Sickness, 28 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 28

Undertaker, P. Hull

Place of Business, 82 West St. *Address,* 513 Eighth St

Wm. A. Cake *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62659 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physicinn who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29 - 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Hedgeman

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, about 2 *Years,* ..... *Months,* ..... *Days,*

Color, mulatto

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Hillsville Balto Co Md

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give street and Number. } 112 Orchard St

Cause of Death, ~~First, (Primary,)~~ .....

~~Second, (Immediate,)~~ Bronchitis

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Chas Hill Cemetery

Date of Burial, Dec 29 1882

Undertaker, Abf Hemsley

Place of Business, 116 Orchard St *Address,* 152 N. Charles St

Wm A Poole M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62657 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Atkinson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Work woman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 8 Race St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Some Months

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. Dec 29 . 1882

W W Antrim M. D.,

Medical Attendant.

Undertaker, Abr. Kemsley

Place of Business, 116 Orchard St *Address,* 172 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62652 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Dorio

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* 2 1 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 348 Eastern av.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Rom

Date of Burial, Dec. 28 82

Undertaker, G. Franco

Place of Business, Davis & Wolfe *Address,* 4 S. Broadway,

J. L. Nielson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62653 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 27, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Paul

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and Number.} 46 Chase St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Dec 29

Undertaker, Frey & Son

Place of Business, 87 N Broadway

W W White, M. D.,
Medical Attendant.

Address, 314 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Date of Decease on Back of this Certificate.

18 Board of Health, City of Baltimore,

Permit No. 62604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Louisa Fountain

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 34 *Years,* — *Months,* — *Days.*

Color, w

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Accomac Co. Va.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number } 258 West St

Cause of Death, { First, (Primary.) — Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, year and a half

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Dec 28 1882

Undertaker, S. W. Chase

Place of Business, 128 Howard St

W. C. Sandrock M. D.
Medical Attendant.

Address, 227 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 93 Years, ~~Months,~~ ~~Days.~~

Color, Dark Chestnut *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown Md.

Duration of Residence in the City of Baltimore, Seventy five years

Place of Death, {Give street and number.} Deland St- No 139

Cause of Death, {First (Primary,) Paralysis
Second (Immediate,) five years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 29

Undertaker, E H Chase

Place of Business, 198 Howard St

John F. Brown M. D.
Medical Attendant.

Address 216 Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6266 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mahon.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 21 *Days,*

Color, White.

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial. Dec. 28th. 1882

Undertaker, Pat. Hunt

Place of Business, Division, Townsend

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem av. Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62657 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 27 - 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hart.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Convulsions.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec. 28th/82.

Undertaker, Pat. Hunt

Place of Business, Division & Lemmond

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem av. Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Permit No. 62655

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Medwile

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 75 *Years,* *Months,* *Days.*

Color, W

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 209 Hoffman St

Cause of Death, First, (Primary.) Organic disease of heart

Second, (Immediate.)

Duration of Last Sickness, About a week in bed

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Dec 29th 1882

Undertaker, Mr Weaver

Place of Business, 202 N Eutaw St

Richard McSherry M.D.,
Medical Attendant.

Address, 189 W Howard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62659 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 28 1882

Date of Death, December 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Handy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2. ' Credit Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox 4 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Dec 28/82

Undertaker, H. Rose

Place of Business,

Geo. H. Simon M. D.,

Medical ~~Attendant~~.

Address, Cor Of Sharp & Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown
employed

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Board of Health, City of Baltimore,

Permit No. 62660

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 28 1916 BALTIMORE

Date of Death, Dec 27 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Black

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Home

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 205 E Fayette St. Bolto

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, Dec 29th 8r

Undertaker, Denny and Mitchell

Place of Business, 65 S Broadway *Address,*

Albert Smith, *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62661 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 28 1892 BALTIMORE

CERTIFICATE ~~OF~~ DEATH.

Date of Death, Dec. 27th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 235 Dulaney St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, Dec 28th 92

Undertaker, G. W. Perkins & Son

Place of Business, 130 Henrietta

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62662 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1882 BALTIMORE

Date of Death, Dec. 26/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Grauny

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 62 N. Amity

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Uraemia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Dec. 28' 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 39 N. Carey St.

Thomas O'Brien M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62663 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1882 BALTIMORE

Date of Death, Dec 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Matthias Arnold

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 27 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and Number.} 20 Woodyear St.

Cause of Death, First, (Primary.) Pseudo-Membranous Laryngitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec. 29' 1882

Undertaker, J B Cook

Place of Business, 707 W. Balto St.

H Rickert M. D., Medical Attendant.

Address, 520 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 62664

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 28 1882

CERTIFICATE OF DEATH.

Date of Death, Annetta Lehr Dec 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* —— *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Cor Hill & Hanover St

Cause of Death, First, (Primary.) Cold

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 5 Days -

All the above information should be furnished by the Physician.

Place of Burial, Historic Cem.

Date of Burial, Dec 30th 1882

Undertaker, C. H. Krauss

Place of Business, 209 Hanover St

A. F. Dodge M.D.,

Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1882

CERTIFICATE OF DEATH.

Date of Death, December 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D^r James T Wilhelm

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number} Liberty West bet Saratoga & Pleasant

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Pneumonia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec^r 28th 1882

Jos. E. Clagett M. D.
Medical Attendant.

Undertaker, John S. Meacher

Place of Business, Park & Fayette sts *Address,* 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 42.]

11 27

Permit No. 6266

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 28 1882 BALTIMORE

Date of Death, Dec 27 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmerton L Shattuck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 - *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant coal

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore co. Md

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and number.} 159 Calvert Street

Cause of Death, First, (Primary.) Chronic cystitis - enlarged prostate gland

Second, (Immediate.) & recurrent Nephritis & septicemia

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 29th 1882

Undertaker, John S Thacher

Place of Business, Park & Fayette Sts

C Blandin M.D.,
Medical Attendant.

Address, 59 Calvert Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62667 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 28 1902

Date of Death, Dec' the 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Chin Ellis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 7 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 11 Madison Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemtery

Date of Burial, Dec 28th

Undertaker, Mr Loock

Place of Business,

Geo. A. Simon M. D.,

~~Medical Attendant.~~

Address, 08 S Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62668 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 28 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Landauer

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City Md.

Duration of Residence in the City of Baltimore, Came on a visit one week ago.

Place of Death, {Give street and Number.} 37 Exeter St

Cause of Death, First, (Primary,) Congestion of Lungs & Catarrh

Second, (Immediate,) .....

Duration of Last Sickness, about two days

All the above information should be furnished by the Physician.

Place of Burial, Harsina Cemetery

Date of Burial, Dec 28. 1892

Undertaker, Thos S Hughes

Place of Business, 60 E Balto St *Address,* 2 N Broadway

D M Cathell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 62669

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 28 1892

Date of Death, December 27th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Claude Swaney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 106 Hammond Alley

Cause of Death, First, (Primary,) Variola Maligna

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, WE

Date of Burial, Dec 28

Undertaker W Nicholson

Place of Business,

James J. H. Shaw M. D.,
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L Buschmann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 30 yrs

Place of Death, {Give street and number} 201 W Pratt

Cause of Death, First, (Primary,) Heart Case I think

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laudau Pk Cemetery

Date of Burial, Dec 29th

Dr. E. Claypoole M. D.
Medical Attendant.

Undertaker, F. N. Doll

Place of Business, 131 Hanover St *Address,* 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6267 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28 - 92

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Luffman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 173 West St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Dec 28

Undertaker, H Ross

Place of Business, 25 Conway St

W. S. Bruce M. D.,
Medical Attendant.

Address, 210 Sharp St

DEC 28 2 1892 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62672 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 28. 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hill

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 17 Peach alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lamb's Cove

Date of Burial. Dec 28

W. S. Booze M. D.,
Medical Attendant.

Undertaker, H Ross

Place of Business, 95 Conway *Address,* 210 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62673 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1892 BALTIMORE

Date of Death, Dec. 25th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schultz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 73 Griffin's Court

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial. Dec. 28 92

Joshua H Kellogg M. D.,

Medical Attendant.

Undertaker, G. Franca

Place of Business, Jones & Wolf *Address,* 1433 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name (sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62674 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 29 2 1882 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, Dec 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Kratezyk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 99 Lancaster st.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 29

Undertaker, Frank

Place of Business,

Geo. W. Brown M. D.,

~~Medical Attendant.~~

Address, 100 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62675 *Office of Registrar of Vital Statistics.* Ward

The Physicim who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elliott

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, abt 34 *Years,* — *Months,* — *Days.*

Color, N

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, abt 14 Years

Place of Death, {Give street and Number.} 50 Rose St Canton

Cause of Death, First, (Primary,) 2. Phthisis Pulmonalis

Second, (Immediate,) 3.

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial ED

Date of Burial, Dec 28

Undertaker, Wm Coleman

Place of Business,

Cha M. Worth M. D.,
Coroner E.D.
~~Medical Attendant.~~

Address, 67 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62676 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. A. Etzel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 4 Chapel Alley in rear 46 Mulberry

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Dec 28/82

Undertaker, Mc. Coleman

Place of Business,

Geo. R. Dennis M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Inspector

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Permit No. 62677

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 29 1882

CERTIFICATE OF DEATH.

Date of Death, 28 Dec. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Barnesley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* 8 *Months,* + *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Montgomery Co. Maryland.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} No 321 Biddle St.

Cause of Death, First, (Primary.) Paralysis.

Second, (Immediate.)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 30th

Undertaker, C. Rohde

Place of Business, No 48 Penna Ave

Charles A Geiger M.D.,
Medical Attendant.

Address, 165 Argyle Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 62678

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 28th Dec. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oriole Krick

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 229 N. Ch. ave.

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of Last Sickness, ab. 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 30

Undertaker, G Rohde

Place of Business, 1148 Penna Ave

Westmore M.D.,
Medical Attendant.

Address, 57 Augusta

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62679 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1882

CERTIFICATE OF DEATH.

Date of Death, December 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel F Blake

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 129 Maryland Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart disease

Duration of Last Sickness, 5 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 30 1882

J. G Connelly M. D.,
Medical ~~Attendant~~.

Undertaker, John W Jackson

Place of Business, 20 Lexington St

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12180 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 28. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edgar Foe,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... 4 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 313 E. Balt. St.

Cause of Death, { First, (Primary,) Disseminated tumors
Second, (Immediate,) Asphyxia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 29th, 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

J. J. Clark M. D., Medical Attendant.

Address, Balt. & Gay Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62681 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 27th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Franklin Johnson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 376 West St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Bronchitis & Asthma

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 29

Undertaker, Hercules & Ross

Place of Business, 95 Monument St

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1882

CERTIFICATE OF DEATH.

Date of Death, Baltimore December 28th 1882 — 10/10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hammond

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 — *Months,* 20 — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 5 Calhoun Court

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 5 Calhoun Court

Cause of Death { First, (Primary,) Bronchitis
Second, (Immediate,) —

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 29 1882

Undertaker, William Hamm

Place of Business, No 62 Bath St

P. S Field M. D.
Medical Attendant.

Address, 507 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

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Permit No. 62683

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E Tuttle

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 77 *Years,* 8 *Months,* *Days.*

Color, W

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Retired Sea Captain

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 247 E Biddle Ave

Cause of Death, First, (Primary.) Chronic Cystitis &

Second, (Immediate.) Infirmities of Age

Duration of Last Sickness, About one Month of final illness

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Dec 30th 1882

Undertaker, H. W. Jenkins & Sons

Place of Business, 75 W Chas St

Richd. Mushery M.D.,
Medical Attendant.

Address, 189 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 20

Permit No. 62684 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 29 1882

Date of Death, Dec 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Brady Bolgiano

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* 19 *Days,*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 464 N. Calhoun st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) —

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial 29th Dec. 1882

Undertaker, H.W. Jenkins & Son } Jas. E. Gibbons M. D.,

Place of Business, 75 N. Charles } Address, 47 Edmondson ave Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62683 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC. 29 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Francis Denny

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 2 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, his life

Place of Death, { Give street and Number. } 12 Little Gough St

Cause of Death, First, (Primary,) Membranous Croup.

Second, (Immediate,)

Duration of Last Sickness, about three days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 29 1882

Undertaker, James A Byrne

Place of Business, No 63 N Front

D W Cathell M. D.,
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62689 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Ray

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 25 Bevan St

Cause of death, First, (Primary,) Small-Pox

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Cemetery

Date of Burial, Dec 29

Undertaker, B. Gluck

Place of Business, 82 West St

Geo. A. Cooke M. D.,
Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6268 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbary Ramy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Dur Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 Burke St

Cause of death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, H. Alpines C.

Date of Burial, Dec 29th

Undertaker, B. Hart

Place of Business, 92 West St.

Oct. 1882 *M. D.,*

Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62688 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } A Lundt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 10 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 77 Elizabeth Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 29

Undertaker, J Kershner

Place of Business,

O A Polson *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 62689

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC. 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th Dectr. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor A. Sands.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ohio.

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and number.} 197 Bolton St.

Cause of Death, First, (Primary.) Cerebral Anemia

Second, (Immediate.) Effusion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New York.

Date of Burial, Dec. 29, 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

H. W. Simms *M.D.,*
Medical Attendant.

Address, 48 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec—28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank George Lawler

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No-2. Spruce Alley

Cause of Death, First (Primary,) ?

Second (Immediate,) Variola

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Dec 29th 82

Undertaker, G. Frame

Place of Business, Frank & Wolf

A. T. Clarke M.D.
Medical Attendant.

Address, 237. Gough

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62691 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Nead

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* — *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 297 N Chapel St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Asthenia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cem

Date of Burial, Dec 30 1887

Undertaker, Henry Hoen

Place of Business, 309 N. Paca St

C. E. Bloch M. D., Medical Attendant

Address, 297 N Chapel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62692 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Böttinger

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 101 Lemon alley

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet home St alfonso

Date of Burial, December 29. James Bosley M. D.,
Medical Attendant.

Undertaker, John P. Paulus

Place of Business, No 66 Frederick *Address,* 319 Hollins av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62693 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Lecher

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 5 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltr. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 52 S. Bethel st.

Cause of Death, First, (Primary,) confluent variola

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetry

Date of Burial, Dec 29/82

Undertaker, Kan & Barker

Place of Business, 62½ Baltr st *Address,* 3 N. Broadway

Danach M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last Sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62694 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Simmons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and Number.} 281 N. Fayette

Cause of Death, First, (Primary,) Fall & Fracture of arm

Second, (Immediate,) " "

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Dec 30th 1882

Undertaker, J. C. Stough & Co

Place of Business, 320 Penna Ave

Thomas Opie M. D., Medical Attendant.

Address, 39 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

620 PENNA. AVE.,
BALTIMORE, MD.

12 to 2 P. M.
6 to 8 P. M.

+ 62384

Certificate of Death.

Date of Death Dec. 25th 1882
Name of Deceased Mrs. Ellen Howes.
Sex. Female
Age. 24 years 4 mth 19 days.
Color. White
Occupation Housekeeper
Married
Birthplace City
Duration of Res. in B.C., During life.
Place of Death 536 Penna Ave
1st Primary
Cause of death Phthisis Pulmonalis.
Second Immediate
Exhaustion
Duration of last sickness. 1 year
Place of Burial St. Alphonsus Cemetery
Name of Undertaker A. Rohde 48 Penna Ave

(over)

T. Ricketts M.D.

Board of Health, City of Baltimore,

Permit No. 21695 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Lucke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 1102 E Fayette St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Evergreen

Date of Burial, Dec 29 1892

Undertaker, H. Sanders & Son

Place of Business, 252 Caroline Address, 1102 E Fayette

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62696 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* 0 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 252 Lanvale

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem

Date of Burial, Dec. 29 1882

Undertaker, Wm. Sander & Son

Place of Business, 252 Lanvale Address, Baltimore

_____ M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 6269

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo W Sumner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 Years, Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 241 Lanvale

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Pauls

Date of Burial, Dec 31

Undertaker, J Sauder

Place of Business,

Address, 241 Lanvale St Medical ~~Attendant~~. Geo. H. Denson M. D.,

DEC 29 1892 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 62698 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Becker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 10 *Months,* 0 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 55 President St. cor. Eastern Ave.

Cause of Death, First, (Primary,)

Second, (Immediate,) Typho-Malarial fever

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem.

Date of Burial, Dec. 30. 1882

Undertaker, H. Sandu Jon

Place of Business, 52 Canton Av. *Address,*

[illegible] M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62699 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Olen

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... 5 *Days,*

Color, J

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } Raby St above Pearl

Cause of Death, { First, (Primary,) Convulsions
Second, (Immediate,) "

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 29

Undertaker, Geo V Chase

Place of Business,

Geo. F. Edmond M. D.,
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62760 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Baer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.} Widow

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Aneurism of Arch of the Aorta.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Dec. 29

Undertaker D. Kerchner

Place of Business,

T. Fraser Thomas M. D.,
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6270 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Breitenstein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 10 Warren St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 29th 1882

Undertaker, M Elias

Place of Business,

Geo. H. Boyd M. D.,

Address, Cor Gay & Read Medical Attendant.

DEC 29 1882 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62702 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Jenny

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 S Duncan Alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, Dec 29

Undertaker, Lake

Place of Business,

Geo. W. Brown M. D.,

Medical Attendant.

Address, 8 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62705 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28 89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 11 *Months,* 15 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all done

Place of Death, {Give street and Number.} 327 N ann St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Apnoea

Duration of Last Sickness, about 16 days

All the above information should be furnished by the Physician.

Place of Burial, Ef Cem

Date of Burial. Dec 28

Undertaker, McAleenan

Place of Business,

W. H. Smith M. D.,
Medical Attendant.

Address, 128 Chew

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62704 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1882

DEC 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schueck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 380 Canton Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, East Balto Public Cemty

Date of Burial, Dec 28/82

Undertaker, M. Coleman

Place of Business,

Jas W. Benson M. D.,

Medical ~~Attendant~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62705 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 1882 BALTIMORE

Date of Death, Dec 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Rzehek

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 206 Canton Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, East Balt. Public Cemetery

Date of Burial, Dec. 27/82

Undertaker, M. Coleman

Place of Business,

Geo. W. Dixon M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 62706

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline McGee

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Carroll Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number. } 25 Patapsco St

Cause of Death, First, (Primary.) [redacted]

Second, (Immediate.) Phthisis

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 30

{ Undertaker, C Krause

{ Place of Business,

O. A. Carter *M.D.,*

Medical Attendant.

Address, 573 Eight St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62767 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Murray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days,*

Color, colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 87 L. Montgomery Av

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Dec 26/82

Undertaker, Kirchner

Place of Business,

Geo. H. Dorsey M. D.,

Medical Attendant.

Address, 1 Dorsey Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Geo. H. Dorsey

Inspector

[over.]

Board of Health, City of Baltimore,

Permit No. 62708 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgie B. Barron

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 5 *Months,* — *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 87 L. Montgomery

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Dec 27/82

Undertaker, Kerchner

Place of Business,

Geo. W. Brown M. D.,
Medical Attendant.

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown
Inspector

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, a minute

Place of Death, {Give street and number.} 109 Jasper St.

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) asthenia

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, Perryman Harford Co. J. Edwin Michael M. D.

Date of Burial, Dec 31 1882 Medical Attendant.

Undertaker, Ely Hemsley *Address* 246 Madison Ave.

Place of Business Margaret St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 62710

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Katie Caspari

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widowed~~, {Cross out the word not required in this line.}

Occupation, Servant girl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 53 Honing Lane

Cause of Death, First, (Primary,) Pneumonia & Peritonitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Lowden

Date of Burial, Dec 31 1882

Undertaker, Mrs B Hummel

Place of Business, 917 Madison St

J. H. Hoffmon M. D.,
Medical Attendant.

Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62711 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Baker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 204 S. Dallas st.

Cause of ~~Death~~, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem.

Date of Burial, Dec. 31st

Undertaker, Wm Lipps

Place of Business, S. Bond st 154.

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62712 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ ~~1~~ ~~1882~~ Dec 27 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, Wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 238 S. Dallas St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox.

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem.

Date of Burial, Dec. 29th

Undertaker, Kendall & Tyson

Place of Business, S. Bond st. 151 *Address,* 137 Dolphin St

J. D. Grove *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6283 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Woode

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 193 S. Charles St.

Cause of Death, First, (Primary,) Bronchial pneumonia

Second, (Immediate,) Laryngeal croup

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Dec 29. 82

Undertaker H. Sanderlin

Place of Business, 32 Lloyd St.

G. G. Lusk M. D.,
Medical Attendant.

Address, 193 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62714 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Green

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 71 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ohio

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 15 Ohio av

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. Laugh Leme

Date of Burial. dec 29 1882

Undertaker, L. Ross

Place of Business, 95 Conway

U. S. Booze M. D.,
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62715 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

REGISTER DEC 29 1882 BALTIMORE

Date of Death, Dec 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Foster Parents W + P Foster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 10 Days

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Ca

Place of Death, {Give street and Number.} 70 Robinson

Cause of Death, First, (Primary,) Asthenia

Second, (Immediate,)

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Hearst

Date of Burial, Dec 29

Undertaker, A Roe

Place of Business,

Geo H. Dunn M. D.,
Medical Attendant

Address, Cor of Heath

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62716

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 29 1892

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta M. Hyde

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number.} Biddle & Spring Sts

Cause of Death, First, (Primary.) Phthysis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 30th

Undertaker, Geo Schilling

Place of Business,

M. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E Preston st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62717 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 29 1882

Date of Death, Dec 29th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J Eckhardt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 19 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cigar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 132 E Pratt St

Cause of Death,
First, (Primary,) Variola
Second, (Immediate,)

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 30

Undertaker, W Dixon

Place of Business, Bond 15

D W Cathell M. D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 28. 1882 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ella J. Anthony.

Sex, Male or Female, {cross out the word not required in this line.} —

Age, 28 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland. —

Duration of Residence in the City of Baltimore, 10 years —

Place of Death, {Give street and number} 274 Lexington St —

Cause of Death, First, (Primary,) albuminuria

Second, (Immediate,) apoplexy —

Duration of last Sickness, six hours —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec 30 "1882

A. G. Watts M. D.
Medical Attendant.

Undertaker, Deany & Mitchell

Place of Business, 550 W Fayette St *Address,* 282 N. Pontack St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore, 19

Permit No. 62719 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1882,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willard Elton Heminmen

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, Two *Years,* Eleven *Months,* four *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 703 Lexington Ave

Cause of Death, First, (Primary,) "Meningitis"

Second, (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial London Park Cemy

Date of Burial Dec 30" 1882 J. Smithson M. D.,

Medical Attendant.

Undertaker, Henry Mitchell

Place of Business, 550 W Fayette *Address,* 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62720 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 29 1882

CERTIFICATE OF DEATH.

Date of Death, ~~Above [illegible]~~ Dec 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Cohen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 377 Madison Ave

Cause of Death, First, (Primary,) Laryngeal Phthisis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Synagogue Cy

Date of Burial, Dec 31st 1882

Undertaker, STEWART & MOWEN, *UNDERTAKERS,*

Place of Business, 35 Park Ave.

Thomas Shearer M. D., Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62721 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abner Webb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— 99 *Years,* —— 9 *Months,* —— 22 *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, —— Merchant,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 73 Years

Place of Death, {Give street and Number.} 70 N. Paca St.

Cause of Death, First, (Primary,) Mitral Insufficiency

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Months -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Dec 30th 1882

Undertaker, STEWART & MOWEN, UNDERTAKERS, SILVER [illegible]

Place of Business, 36 Park Ave.

M C Nan Bibber, M. D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6272 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Ruddy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 11 Wales

Cause of Death, First, (Primary,) Varioloid

Second, (Immediate,) Asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's

Date of Burial, Dec 29 82

Undertaker, Fry & Sis

Place of Business, 17 W Broadway Address, 11 Wales

J. L. Winston M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6243 *Office of Registrar of Vital Statistics.* Ward 26

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 3 1882 BALTIMORE

Date of Death, Dec 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Weiner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 81 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 943 Hoffman st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Prostration

Duration of Last Sickness, 1/2 Year

All the above Information should be furnished by the Physician.

Place of Burial, Westron Cem.

Date of Burial, Dec 30

Undertaker, Walter Immel

Place of Business, 315 W Biddle

C. L. Buddenbohn M. D.,
Medical Attendant.

Address, 416 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore, 18

Permit No. 62724

Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beatrice Clyburn Parker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, Six months.

Place of Death, {Give street and Number.} # 7. Woodyear Ct.

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 31st 1882

Undertaker, Andrews & Woodyear

Place of Business and Address, 1064 & 6 Druid Hill Ave

Truman Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62725 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter O Rourke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 315 W. Pratt St

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dec 30/82

Date of Burial, St Peters

Undertaker J Kerdiner

Place of Business,

Ellis Mickaus M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62726 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29/ 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jaworowski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. Co

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 97 Thames

Cause of Death, First, (Primary,) Varicella

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 13 days

All the above Information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Dec 30 1882

Undertaker, G. Frank

Place of Business, Bonts & Wolf *Address,* 44 S. Broadway

J. L. Whitten M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62727 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Goldeway

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 27 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} Cor Cross & Sedenhall sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Membranous Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem.

Date of Burial. Dec 31 th 1882

Leonard Cox M. D., Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Church & Cross Sts. *Address,* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertsker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62728 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Müller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 183 N Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudenn Park Cem

Date of Burial, Dec 30th/882

Undertaker, Frederick Wiegand

Place of Business, 166 Druid Hill Ave

H Miller M. D.,

Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 62729

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 30 3 1882 BALTIMORE

Date of Death, Dec 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Goulden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give street and Number.} 144 E Biddle St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 30th 1882

Undertaker, James O Byrne

Place of Business, No 68 N Frnst

Address, 17 N Calvert

Medical Attendant. M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62732 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 26/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. K. Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* — *Months,* — *Days,*

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 15 Chew Alley

Cause of Death, First, (Primary,) Small P.X

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial W.P. Cemetery

Date of Burial, Dec 26/82

Undertaker, Murchison

Place of Business, —

Geo. K. Denston M. D.,
~~Medical Attendant.~~

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Leo E Brown
Embalmer

Board of Health. City of Baltimore,

Permit No. 62731 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Snyder

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 67 *Years,* 8 *Months,* 15 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria – Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} Alley Penn St 93

Cause of death, First, (Primary,) Emphysema

Second, (Immediate,) Hydrops

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 31 December

Undertaker, F. L. Schaefer

Place of Business, 1021 Fremont

L. J. Reinhard M. D.,
Medical Attendant.

Address, 224 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62732 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1882

CERTIFICATE OF DEATH.

Date of Death, 30th. December 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanislaus Burrowsky

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} Shakespeare St., 25.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem.

Date of Burial, Dec 30 82

William Henkel M. D.,

Medical Attendant.

Undertaker, W. Dashiell

Place of Business, 161 E. Bond St. *Address,* E. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62733 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emil Baum

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } No 113 S. Charles St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Apoplexy

Duration of Last Sickness, Last hour

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem.

Date of Burial, Dec. 30th

Undertaker, H. Lippe

Place of Business, S. Bond st, 151

M. D.

Medical Attendant.

Address, 243 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1892

CERTIFICATE OF DEATH.

Date of Death, 29th December 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Marr

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 8 *Years,* 7 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 241 Lee n

Cause of Death First, (Primary,) Dr Marmi

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 31

Undertaker, B. Hurle

Place of Business, 62 West St

H W Wesley M. D.
Medical Attendant,

Address, 57 Bann

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62785 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPT. OF HEALTH DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdelene Holdorfer

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 68 *Years,* *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 yrs.

Place of Death, {Give street and Number.} 56 S. Chester

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 1st 1883

Undertaker, [illegible]

Place of Business, 252 Lanvale

H. H. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62736 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th Dec 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 26 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Driver

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Lancaster County Va

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and Number. } No 72 Vincent Alley

Cause of Death, First, (Primary,) Gastro Enteritis

Second, (Immediate,) .....

Duration of Last Sickness. about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec-31 st 1882

Undertaker, Wm W Maddox

Place of Business, 46 East-Pratt

John H. Yellott M. D.,
Medical Attendant.

Address, 433 Lemmon Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1882

CERTIFICATE OF DEATH.

Date of Death, Dec 30 ath 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Sutter Jr

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* 10 *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 171 N Broadway

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) Hemorrhage from Bowels & Kidneys

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Butler Cemetery

Date of Burial, January 1st

Elias C. Price M. D.
Medical Attendant.

Undertaker, Hugh Booth

Place of Business, 707 West Balto *Address,* 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 62738 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Laurie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty-eight *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Winchester Va

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} No. 68 Biddle al,

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Prostration

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 31st 1882

Undertaker, Wm J. Gross

Place of Business, 63 Mulberry St

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 02739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December ~~29~~ 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Brown

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the words not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color, Colored.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No 166 Lyon St

Cause of Death, First (Primary,) Angina Pectoris

Second (Immediate,) Exhaustion

Duration of Last Sickness, two hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 30 1882

Undertaker, W. J. Gray

Place of Business, 65 Mulberry St.

C H Stans M.D.
Medical Attendant.

Address, No 58 N Liberty St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 6274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1882

CERTIFICATE OF DEATH.

Date of Death, Dec. 29. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Simms.

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. Lives with

Duration of Residence in the City of Baltimore, 73 Raborg St.

Place of Death, {Give street and number} Maryland

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Lives with

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sherwood Cemetery

Date of Burial, Dec 31 1882

Undertaker, H of Hennelly

Place of Business, 116 Orchard St

F. G. Watts M. D.
Medical Attendant.

Address, 208 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62741 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 9 50 A 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Heilgroeder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, xxx Worked in Cotton Mill

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 1 Potomac

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) .....

Duration of Last Sickness, 11 Days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Dec 31st 82 James E. Smith M. D.,

Medical Attendant.

Undertaker, H. Saunders Son

Place of Business, 252 Canton Ave Address, 227 E. Fairmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62742 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cole

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* ..... *Months,* ..... *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 229 Chestnut alley 3 door from Fremont.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Consumption

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, Dec 28

Undertaker, H Kerchner

Place of Business, ...

Geo. F. Cowan M. D.,

~~Medical Attendant.~~

Address, 20 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie de La Rientree

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 366 Park ave

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,) —

Duration of last Sickness, seven months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 1 1883

Jno C Benyaus M. D.
Medical Attendant.

Undertaker, Henry W Jenkins & Sons

Place of Business, 42 E Pratt

Address, 12 Carroll & Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62744 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Wilson Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 22 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 6 S. Chester

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis of heart

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial, December 30th 1892 E. J. Byrns M. D.

Medical Attendant.

Undertaker, Henry & Mitchell *

Place of Business, 65 S Broadway Address, 375 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62746 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Walter Dodsale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 9 Jefferson St E.S.

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) Asthenia

Duration of Last Sickness, Six (6) Mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Dec 31th 1882

Undertaker, Caspar Eckhardt

Place of Business, 264 Canton Ave

F. L. Winslow M. D.,
Medical Attendant.

Address, 77 S. Bucy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62746 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 25. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Desmond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and Number.} 3 S. Castle

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Laryngeal mischief

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Ct Plain

Date of Burial, Dec 30

Undertaker, M Coleman

Place of Business, ...

H. H. Lusk M. D.,
Medical Attendant.

Address, Balt. & Park.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62747 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Gray

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6 Binney st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Bubbie Cemty

Date of Burial, Dec 28th 1882

Undertaker, M. Coleman

Place of Business,

Geo. H. Denton M. D.,
Medical Attendant

Address, 2nd & Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon C. Hazleton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* *Months,* 11 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Island, Md,

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} 44 Druid Hill Av.

Cause of Death, First (Primary,) Pulmonary tuberculosis

Second (Immediate,)

Duration of Last Sickness, about four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, December 31

Undertaker, Samuel F Chase

Place of Business, 198 So Howard *Address* 41 Orchard St.

W. H. Thompson, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

63

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Marie Schmelz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* 5 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 681 W. Baltimore St.

Cause of Death, First (Primary,)

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Dec 31st

Undertaker, J Weidemeyer

Place of Business,

Morris Wexler M. D.

Medical Attendant.

Address 319 W. Fayette St

Under

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62750 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane E Ireland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 11 Months, Days,

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Goose Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 29

Undertaker, B Hearle

Place of Business,

Geo. F. Dunn M. D.,

Medical ~~Attendant~~.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

62750

Date of Death, Dec 29th 1882

Name of Deceased, Jane E. Ireland

Sex, Male ~~or Female~~,

Age, 11 Months

Color, White

Occupation,

Birthplace, Baltimore

Duration of Residence in B. C., During life

Place of Death, 6 Gooselane

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 4 days

REMARKS.

O. A. Cooke M D

573 Light St

Holy Cross C.

December 31

B. Hearle

42 West St

See following certificate

JOHN B. PIET, PRINTER & STATIONER, BALT.

Board of Health, City of Baltimore,

Permit No. 62757 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30: 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Cargo

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, C

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, No

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Twenty yrs

Place of Death, {Give street and number.} 109 N Paca

Cause of death, First, (Primary,)

Second, (Immediate,) Old age a natural cause

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 31st 1882

Undertaker, Jno N McCoy & Son

Place of Business, 422 W Fayette *Address,* 73 Franklin

J H Latham *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62752

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec. 30 "82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Leonard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Roscommon, Ireland

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 33 Marsh Market Space

Cause of Death, First (Primary,) General Debility

Second (Immediate,)

Duration of Last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemy

Date of Burial, Dec 31 1882

Undertaker, Alexander Hill, M. D.

Medical Attendant.

Place of Business, 63 Front St *Address* 43 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec- 30th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George E. Aubrey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 355 Aisquith St.

Cause of Death, First (Primary,) Intacktion of Bowels

Second (Immediate,) Inflamation "

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 1st 1883

Undertaker, George Schilling

Place of Business, Oakland Square

H. G. Watson M. D.
Medical Attendant.

Address 437 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 027524 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec, 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E, Pruss

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 2 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and Number.} 57 Parish St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 31 1882

Undertaker, John Kennedy

Place of Business, 382 Orleans St

A Knight Sherfey M. D.,
Medical Attendant.

Address, 11 & High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62755 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Wilkins

Sex, ~~*Male or*~~ *Femalc,* {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days,*

Color, Colo

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 244 Hughes St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 31st 1882

Undertaker, H. Ross

Place of Business, —

Geo. H. Lemon M. D.,
Medical Attendant.

Address, Comm'rs of Health & Vaccinator

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...tificate.

Board of Health, City of Baltimore,

Permit No. 6756 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT
DEC 31 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Dennis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Ninety two *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Boatmen

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Matthews Co Va

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 40 S. Dekles St

Cause of death, First, (Primary,) Senile Debility

Second, (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 31st 1882

Undertaker, H Olive

Place of Business, 121 Aisquith

Robert J Winsey *M. D.,*
Medical Attendant.

Address, 116 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Certificate.

Board of Health, City of Baltimore, 6275-7

Permit No. 6275-7 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
DEC 31 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perry Scott.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 5 Clarestreet

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial. December 31

Undertaker, Samuel H Ehrle

Place of Business, 198 Hanover Stot

W. S. Burge M. D.,
Medical Attendant.

Address, 210 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...Special Attention ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62758 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Teerhoff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 8 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 245 W. Balto

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart disease

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem. Traff. Rd

Date of Burial, Dec. 31 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

F. G. Connolly M. D., Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...s Certificate.

Board of Health, City of Baltimore,

Permit No. 62759 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Larsen

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ... *Years,* Eleven *Months,* Fourteen *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 402 Canton Ave Parcola

Cause of death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Dec. 31. 1882

Undertaker, H. Sander Son

Place of Business, 252 Canton Ave

Martin Hoy *M. D.,* Medical Attendant.

Address, 1712 Dividend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

DEC 31 1882

BALTIMORE, MD.

Permit No. 62760

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* The Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Hattche

Sex, Male or Female, { cross out the word not required in this line. }

Age, 7 *Years,* 10 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ever since birth

Place of Death, { Give street and number } 306 Eden st

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,) Neglect & Exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 31 1882 | W. A. Jones M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Stamps | *Address,* 326 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12761 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm & Ida Queen Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *~~Days~~,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 261 Orleans St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Dec 30 1882

Undertaker, T. J. Fucks

Place of Business,

Jno. A. Dixon M. D.,

~~Medical Attendant.~~ Coroner of Records

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 42762 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31, 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Moran

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 99 Eleven St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Dec 31st 82

Undertaker, G. Frame

Place of Business, Bank & Wolfe

E. J. Williams M. D.,
Medical Attendant.

Address, 63 Eleven St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Regulations ... on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62763 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 31th December 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Fankewich

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} S. Chapel St 129.

Cause of Death, First, (Primary,) } Variola

Second, (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Dec 31st 82

Undertaker, G. Franc

Place of Business, Bonitz & Wolfe

William Henkel M. D., Medical Attendant.

Address, S. Wolfe St 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42,764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Cole

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 70 *Years,* *Months,* *Days.*

Color, colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt Co.

Duration of Residence in the City of Baltimore, 65 years

Place of Death, { Give street and number. } 146 Lanvale St

Cause of Death, { First (Primary,) Gastro-Enteritis (Chronic)
Second (Immediate,) Debility

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Westminster Grd.

Date of Burial, Dec. 31. 1882

Undertaker, H. W. Jenkins Son

Place of Business, 76 N. Charles *Address* Linden Ave & Lanvale

C. T. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 2762

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Parker

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 50 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 208 Light st

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 2nd 1883

Undertaker, C. F. Kraus

Place of Business,

H. W. Webster M. D.
Medical Attendant,

Address, 57 Penn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases in Lack of this Certificate.

Board of Health, City of Baltimore,

Permit No. 42766 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec 30 d, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaw Lewandoski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md V.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 252 Alice Anna St.

Cause of Death, First, (Primary,) From description of Symptoms given

Second, (Immediate,) by parent-child probably died of Variola

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Decbr 31th 1882

Undertaker, Wm Nicolaas

Place of Business, 253 Alice Anna

John A Kellogan M. D., Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 42767 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Dreschel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Restaurant & Liquor Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and Number.} 241 Alice Anna

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, 5th Rev St Pauls Cemetery

Date of Burial, 1st Janr 1883

Undertaker, Wm = Nicolaus

Place of Business, 258 Alice Anna Address, 272 E Balto St

James E Donville M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62768 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fingerald

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 17 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md —

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 197 S. Broadway —

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox —

Duration of Last Sickness, Two Weeks —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 31th Dec 1882

Undertaker, Wm Nicolaus Sr

Place of Business, 258 Alice ann

H. L. Dashiell Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42769

HEALTH DEPARTMENT
DEC 31 1882
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Adams

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 162 South ann St

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sunset Cemetery

Date of Burial, Jan 1 1883

Undertaker, Wilkinson Bros

Place of Business, 1062 Eutaw St

H H Brankhurst M. D.
Medical Attendant.

Address, Cor Lexington & Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is respectfully invited to the [illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62770 *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and Number.} 44 Easton St

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Consumption

Duration of Last Sickness, Four (4) months

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Dec 31 1882

Undertaker, Wm Mowgue

Place of Business, No 62 East St

J. L. Thomas M. D., Medical Attendant.

Address, 41 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 62771 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Stites

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His entire lifetime

Place of Death, {Give street and Number.} 24 Patterson av

Cause of Death, First, (Primary,) Neuralgia heart

Second, (Immediate,) Paralysis of the heart

Duration of Last Sickness, Only a few hours

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist

Date of Burial, December 31

Undertaker, Caleb H. Blizzard

Place of Business, 198 Penna Ave

W. Hammond M. D.,
Medical Attendant.

Address, 64 N Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62772 *Office of Registrar of Vital Statistics*, Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Clark

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, (12 Hours) ~~Months~~, ~~Days~~,

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 16 S. Ann st

Cause of Death, First, (Primary,) (Not known)

Second, (Immediate,)

Duration of Last Sickness, (12 Hours)

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Janry 1st 1883

Undertaker, M. J. Daly

Place of Business, 74 S. Bway

Thomas S. Evans M. D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62773 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Fraze

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 52 S Thames St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolton

Date of Burial, Dec 21

Undertaker, W Coleman

Place of Business,

Geo. W. Dawson M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Jos F. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62774 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPT. JAN 1 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Virginia Painter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 530 N. Gay st.

Cause of Death, First, (Primary,) Gangrenous Stomatitis

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 1 1883

Undertaker, John W Jackson

Place of Business, Cor Gay & Lombard

Geo. A. Hartman M. D.,
Medical Attendant.

Address, 303 N Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Atten... ...ed Date of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6277

Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1 1893

CERTIFICATE OF DEATH.

Date of Death, December 30th, 9:45 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Coleman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, fifty (50) years.

Place of Death, {Give street and number.} No 122 Columbia Ave.

Cause of death, First, (Primary,) Heart disease (Valvular)

Second, (Immediate,) Dropsy

Duration of Last Sickness, Two (2) years.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Jan 2nd

Undertaker, H. N. Small

Place of Business, 131 Hanover

John A. Scudieri M. D.,
Medical Attendant.

Address, 1 E. Co. Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Rules on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62776 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 1 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 30. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mason

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Warwick Co Md.

Duration of Residence in the City of Baltimore, Married her life (28 4/12 30)

Place of Death, {Give street and Number.} 18 St Mary's St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Years

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, January 1-83

Undertaker, W. J. Jordan

Place of Business, 63 Park st

W. T. Kemp M. D., Medical Attendant.

Address, 55 N Grove St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62771 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1893

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1892

(Interment at Sun to Mt Lindain)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} No name

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ ~~*Months,*~~ 2 hours ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 207 Saratoga st Balt

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 207 Saratoga st Balt

Cause of death, First, (Primary,) Not known

Second, (Immediate,) ~~Syphilis~~ Apoplexy

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jany 1/93

Undertaker, M. Sinclair

Place of Business, 207 Saratoga

James S. Fulks M. D.,
Medical Attendant.

Address, No 134 Pearl st Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta Stewart

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, *Years,* Col 4 *Months,* *Days.*

Color,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Sex,* Female

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 30 Schuyler St. Infirmary Baltimore, Supposed Bronchitis, Capillary

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jany 2/83

Undertaker, A. Randall

Place of Business, 266 N Broad

John H. Duncan M. D.
Medical Attendant.

Address 238 N. Eutaw Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate of such death, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62779 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 1 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 30. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Franklin Turner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* Four *Months,* *Days,*

Color, Black.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, His Three

Place of Death, {Give street and Number.} 20. c/Mc'Eldrig's Court.

Cause of Death, First, (Primary,) Whooping Cough.

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan = 1st 1883

Undertaker, Wm J Dungee

Place of Business, 62 East, St = Address,

L E Heard, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62780 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 7 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella O. Raymond

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 mos *Years,* — *Months,* — *Days,*

Color, —

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 357 N. Smith St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 1st 1882

Undertaker, John Gloeckner,

Place of Business, 1650 Eastern Ave

J. Tyler Smith M. D.,
Medical Attendant.

Address, 221 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules of Practice on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62781 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 7 1883

Date of Death, Dec 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Grace

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Nil

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Germany 47 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 119 Low St

Cause of Death, First, (Primary,) Variola } Ismael Pop

Second, (Immediate,) Asthenia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 1 1883

Undertaker, Fry & Son } A. Slade M. D.,

Place of Business, 511 W Lombard *Address,* 423 W Eutaw St Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62782

Office of Registrar of Vital Statistics. 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 11 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph D. Greish

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore city.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 58 Hill St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Apoplexy of Brain

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Co.

Date of Burial, Jany 2/83

Undertaker, Samuel F. Mason

Place of Business, 30 Park Ave

H. W. Dodge M.D.,

Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, And to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62783 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 1883

CERTIFICATE OF DEATH.

Date of Death, December 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Spindler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 87 Guilford Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemty

Date of Burial, Jany 1883

Undertaker, B Hartle

Place of Business, 82 West St

Geo. N. Dobson M. D.,
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62784 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Archie Mutter Walworth

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Two *Years,* *Months,* eleven *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 189 Druid Hill Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan 2 1883

Undertaker, Thos S Haigh

Place of Business, 411 E Balto *Address,*

Chas L Price M. D.,
Medical Attendant.

162 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15785 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 11 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Meagerupp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.° City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 54. N. Spring st

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Peace Cemetery

Date of Burial, Jan 1 1883

J D Grove M. D.,
Medical Attendant.

Undertaker, John Heneicy

Place of Business, 382 Orleans St *Address,* 137 Orleans st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6286 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Foley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Co. Carlow Ireland

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 33 Thames Street

Cause of Death, First, (Primary,) Hepatitis

Second, (Immediate,)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan'y 2 1883. James F. McShane M. D.,

Undertaker, John Heaney Medical Attendant.

Place of Business, 382 Orleans St Address, 82 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62787 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 11 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Beyer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 59 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 38 years

Place of Death, { Give street and Number. } 156 S. Linwood St

Cause of Death, First, (Primary) Cirrhosis Hepatis

Second, (Immediate) General Anasarca - Asthenia

Duration of Last Sickness, Almost Sixty days definitely

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem.

Date of Burial, January 2 1883

Undertaker, Henry Heath

Place of Business, 209 Central Ave

Steo Blum M. D., Medical Attendant.

Address 156 S. Linwood Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62788 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Gabeler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 42 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} 57 S. Castle st.

Cause of Death, First, (Primary,) variola purpura

Second, (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Jan 2

Undertaker, J. Dingel

Place of Business, 157 S Bond

Dausch M. D.,
Medical Attendant.

Address, 3 N. B'way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12789 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nina Poindexter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 19 *Months,* ..... *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 34 Boyd St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 34 Boyd St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Suffocated

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 1 1883

Undertaker, Wilson & Lonsdale

Place of Business, No 62 East St

Alexander Frieday M. D., Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 2790 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reubin. Thos. Hopkins.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 40 *Years,* — *Months,* — *Days.*

Color. Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} No. 1 Parish Ward

Cause of death, First, (Primary,) Inflammation of Stomach Bowels & Kidney & Bladder

Second, (Immediate,) Hemorrhage from mouth & Bladder

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 1st 1883

Undertaker, Wm P Kimmett

Place of Business, 317 Mulberry St *Address,* 126 Mulberry St

Dr. Jordan *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6791 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 11 1883

CERTIFICATE OF DEATH.

Date of Death, Died 29th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mor Catharine Hom.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 59. *Years,* *Months,* *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Entire Years.

Place of Death, {Give street and number.} 267 Aisquith St

Cause of death, First, (Primary,) Asthma

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Three Years. (No Treatment)

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Jan 14th 1883

Undertaker, Mrs P. Kimmel

Place of Business, 317 Bulbery St

John L. R. Ward M. D.,
Medical Attendant.

Address, 273 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62792 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No. 59 Caroline St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Paris Cc

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Jan'y 2nd 83

Undertaker, G Frazier

Place of Business, Bank & Wash *Address,* .....

..... M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12793 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Mayfield

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor E Lombard & Madeira Alley

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, About three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Jany 2/83

Date of Burial, St Patrick

Undertaker, M F Curran

Place of Business, 13 S Broadway

Wm Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62794 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. A. Grasmick

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } ——

Age, 11 *Years,* 5 *Months,* 21 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 130 E. Ave.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheria

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, 2nd January

Undertaker, W. Tarr

Place of Business, 34 Bank St

G. L. Kieck M. D., Medical Attendant.

Address, 1 Balt. & Md. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1 1883

CERTIFICATE OF DEATH.

Date of Death, 31 Dec 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Demirleis

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ~~—~~ 28 *Years,* 8 *Months,* 2 *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 340 E. Lombard St.

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Phthisis pulmonal.

Duration of last Sickness, several years.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 2 nd of January

Undertaker, M. Lentz

Place of Business, 3 5 Bunting St

Robert Smith M. D.
Medical Attendant.

Address, 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law of Burials.

Board of Health, City of Baltimore,

Permit No. 62796 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1 A M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lewis Feller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Rear of 282 E Bond St.

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 9 Days

At the above information should be furnished by the Physician.

Place of Burial, Ant Harmel

Date of Burial, 1st Jan

James E Donnelly M. D.,
Medical Attendant.

Undertaker, Mr Landy

Place of Business, 35 Aisquith

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B[illegible]

Board of Health, City of Baltimore,

Permit No. 62797 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ Jany 1/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence A. Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 7 *Days,*

Color, w

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 48 China St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Jany 1/82

Undertaker, H. Ross

Place of Business,

Geo. N. Brown M. D.,
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. N. Brown

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Last Page.

Board of Health, City of Baltimore,

Permit No. 6271 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

62798

JAN 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 41 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Married

Occupation, Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 15 Planet alley

Cause of Death, First, (Primary,) Chronic Nephritis

Second, (Immediate,) Exhaustion and Coma

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Jan 1st 1883

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta st Address, 146 Hill St

L. D. Dyer M. D.,
Medical Attendant.

L. D DYER M.D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

3

Permit No. 62799 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 1 1883 BALTI

CERTIFICATE OF DEATH.

Date of Death, Dec 31st. 9 P.M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. B. Sinclaire

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 443 S. Broadway

Cause of Death, First, (Primary,) Gun Shot Wound in Right Temple

Second, (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness, Since Thursday P.M. 1882

All the above Information should be furnished by the Physician.

Place of Burial, Har Sinai

Date of Burial, Jan 2nd

Undertaker, C. Holland & Sons

Place of Business, Pratt near Eutaw

James E. Donnelly M. D., Medical Attendant.

Address, 394 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 62800 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883 CERTIFICATE OF DEATH.

Date of Death, January 1st Infirmary Cor Greene & Lombard St

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Perry G. W. Shipley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } .....

Age, 48 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation, Farmer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ohio

Duration of Residence in the City of Baltimore, 4 Days

Place of Death, { Give street and Number. } Infirmary Cor Greene & Lombard

Cause of Death, First, (Primary,) Injuries - received by falling

Second, (Immediate,) out of Gent Wayne Hotel

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Alexander Tenley M. D.,

Undertaker, ...

Place of Business, ... *Address,* ~~Medical Attendant~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

See following Certificate

Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 62500 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th '83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Perry G. Shipley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Farmer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Wayne Co., Ohio.

Duration of Residence in the City of Baltimore, Four days

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First, (Primary,) Comp. Fracture tibia & fracture of skull

Second, (Immediate,) Asthenia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Howard County

Date of Burial, Jan. 21 1883

Undertaker, J B Cook

Place of Business, 707 W Balto St. *Address,* University Hospital

C. F. Mitchell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62801 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 31/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Charles Wiegman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 28 *Days.*

~~*Color.*~~

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt^e City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 165 Pennsylvania ave

Cause of death, First, (Primary,) Rubeola & Enteritis

Second, (Immediate,) Exhaustion —

Duration of Last Sickness, 4 to 6 d/s —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, January 2. 1883

Undertaker, Walter Immel

Place of Business, 315 West Biddle St. *Address,* 642 W. Fayette St

C. C. McDowell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

For Special Attention of Physicians is respectfully invited to ...

Board of Health, City of Baltimore,

Permit No. 62802 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 30th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry O. A Bitorf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 3 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 322 Hoffman

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 2d 1883

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St

Louis C. Horn M. D., Medical Attendant.

Address, cor Bull & Ingraham

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

Permit No. 62803 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 2 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 1 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Hadolz Key

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 269 So. Ann

Cause of Death, First, (Primary,) Variolae

Second, (Immediate.) Asthenia

Duration of Last Sickness, 15 days — Visited only once

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 2nd 83

Undertaker, G. France

Place of Business, Bond & Wolf *Address,* 79 S Broadway

J. L. Wiseman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

14 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward H. Garwood

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number} 423 Lexington

Cause of Death First, (Primary.) Diphtheria

Second, (Immediate.) Suffocation from croup & fever

Duration of last Sickness, A few days & I think he Saw Child last night for 1st Time

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, Jan 2nd 1883

Undertaker, C Frank Lowe

Place of Business, 654 W Balto St

I. Chew Worthington M. D.
Medical Attendant.

Address, 373 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...he Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 62805 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT
JAN 2 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hunter Engle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 118 S Eutaw St

Cause of Death, First, (Primary.) .....

Second, (Immediate,) Cardiac Paralysis

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem

Date of Burial, Jany 3. 1883

Undertaker, H. Saunder Son

Place of Business, 252 Eutaw

M. D., Medical Attendant.

Address, 118 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 6 2 8 8 6 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JAN 2 1883 BALTIMORE, MD.

Date of Death, December 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Gruber

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days,

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and Number.} 226 S. Bond St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Salt Cem

Date of Burial, Jan 2 - 1883

Undertaker, H. Lauderman

Place of Business, 252 Aisquith Ave

Nicholas L. Sathoff M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is respectfully invited to the General Rules and Regulations.

Board of Health, City of Baltimore,

Permit No. 62807 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
JAN 1883
BALTIMORE, MD.

Date of Death, 30th December 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rappold

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* *Days,*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Tanner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Würtemberg, Germany

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and Number.} N. Central Ave 174

Cause of Death, First, (Primary,) } Degeneratio renum cirrhosa

Second, (Immediate,)

Duration of Last Sickness, 14 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jany 2. 1883

Undertaker, H. Sdudey Ford

Place of Business, 252 Caldwell Ave

William Hensel M. D.,
Medical Attendant.

Address, S. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians to Compulsory

Board of Health, City of Baltimore,

Permit No. 6E 808 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Thoms

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6 N. Durham

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Old St. Pauls Cem

Date of Burial, Jany 2. 83

J. H. Cullenberg, M. D.
Medical Attendant.

Undertaker, H. Sander Jun

Place of Business, 202 Caroline St

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 62809 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
JAN 2 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 1st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Gittinger

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 962 Eastern Ave

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Cancer

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Gr. L. Cem

Date of Burial, Janry 2 1883

Undertaker A. Schindler Jun

Place of Business, 252 Eastern Ave

D. L. Gittinger M. D.,
Medical Attendant.

D. Schindler
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 62810 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanora Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about twenty eight years

Place of Death, {Give street and Number.} 11 N. Eden St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Small pox

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 2 1883

Undertaker, H. Malone

Place of Business, 63 N. Eden

Milton J. Taylor M. D., Medical Attendant.

Address, 11 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No. 6281

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT.
JAN 2 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 30th Decbr 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicholas L. Wood

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 89 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Retired

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prince Georges Co. Md.

Duration of Residence in the City of Baltimore, 68 yrs.

Place of Death, { Give street and number. } 261. St. Paul St.

Cause of Death, { First, (Primary.) Old age
Second, (Immediate.) Hemiplegia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy.

Date of Burial, Jany 2/83

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 36 Park Ave.

R. W. Dunn M.D.,
Medical Attendant.

Address, 48 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this C...

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Board of Health, City of Baltimore.

Permit No 62812

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
JAN 2 1883
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Graffin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All Her Life

Place of Death, {Give street and number.} 39½ Park Ave

Cause of Death, First, (Primary.) Congestion of Lungs

Second, (Immediate.)

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, Jany 3/83

E. C. Williams M.D.,
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business,

Address, 201 Mad: Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6283 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
JAN 3 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 31st of December 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Schneider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 110 South Eutaw St

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Oedema of the Lungs

Duration of Last Sickness, Three days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 2nd 1883

Undertaker, Ernst Schlosman

Place of Business, 200. Sharp *Address,*

Wm Marcy M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this...

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Fair Woods

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cumberland Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 406 Mulberry St

Cause of Death, First, (Primary.) Congestion of the Brain

Second, (Immediate,) Convulsions

Duration of last Sickness, Two days about

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 3

Undertaker, J B Cook

Place of Business, 701 West Baltimore

James D Fickey M. D.
Medical Attendant.

Address, 182 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6286 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Jan 1 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalen Lange

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 6 *Years,* 4 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 40 N. Durham st.

Cause of Death, First, (Primary,) variola hemorhagica pustulosa

Second, (Immediate,)

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, St James's

Date of Burial, 3 January

Undertaker, H Dysart

Place of Business, 167 E Bond

Daniel *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 62816 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Monday Jan 1st. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Asa Waters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 93 *Years,* ..... *Months,* ..... *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Carpenter.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince Georges Co Md

Duration of Residence in the City of Baltimore, 73 Years.

Place of Death, {Give street and Number.} Forest Road, Extended

Cause of Death, First, (Primary,) Old age.

Second, (Immediate,) Cerebral Softening Two Weeks.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jany 3 1883

Undertaker, Wm J. Ticknor

Place of Business, 68 S. Eutaw *Address,* 25½ Greenmount ave

Wilmer Brinton, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6217 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec 27th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hickman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 08 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Engineer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and Number. } 19 Columbus St

Cause of Death, First, (Primary,) Was suffering from Phth Pulmonalis when he was

Second, (Immediate,) taken with Malarial Fever

Duration of Last Sickness, 2 months

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 3th 1883.

Undertaker, Caspar Ecklhardt

Place of Business, 269 Canton Ave

E. J. Williams M. D., Medical Attendant

Address, 5 E Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 62818 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Decbr. 31st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Bilcups

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 31 — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 227 E Pratt St

Duration of Residence in the City of Baltimore, 4 months

Place of Death, { Give street and Number. } 227 E Pratt St

Cause of Death, First, (Primary,) Inflammation of the bowels

Second, (Immediate,) Thrush

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 2nd 1883

Undertaker, Denny & Mitchell

Place of Business, 68 S Broadway

G W Downes M. D., Medical Attendant.

Address, 86 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 8 1 9 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Inez Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 48 N Edmondson

Cause of Death, First, (Primary,) Tuberculous Meningitis

Second, (Immediate,) /

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, January 3rd 1883

D W McCathran M. D.,
Medical Attendant.

Undertaker, Henry J Mitchell

Place of Business, 66 S. Broadway *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62880

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Sparks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Machinist

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto., Md.,

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number.} 405 N Bond St

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.)

Duration of Last Sickness, 3 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, January 2nd 1883

M. B. Billingslea M.D.,
Medical Attendant.

Undertaker, Henry A Mitchell

Place of Business, 65 S Broadway *Address,* 256 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62821 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katura F. Horney

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 161 Elliott St

Cause of Death, First. (Primary,) Convulsions

Second. (Immediate,) "

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 2nd 1883

Undertaker, Conn & Mitchell

Place of Business, 65 S Broadway *Address,*

J. H. Martin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 62822 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN - 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward McCall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 364 S Charles

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 4

Undertaker, B. Rush

Place of Business, 61 Port St.

Oct Coste M. D.,
Medical Attendant.

Address, 573 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 62823 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 2 1883

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) ..... }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... 1883

Undertaker, ...

Place of Business, ... *Address,* .....

..... M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 62824 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 13 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 12 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Stehle

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 ~~Mos.~~ *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House-work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 48 N. Eden

Cause of Death, First, (Primary,) Rheumarthritis chronica

Second, (Immediate,) Paralysis cordis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial. June 3 the 1883

Undertaker, C Roessing

Place of Business, 196 E Balt. street

Stehle M. D.,

Physician attended.

Address, 24 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

10

Board of Health, City of Baltimore,

Permit No. 62825

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD. 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 1 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Lenz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* — *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 71 N. Fremont St

Cause of Death, First, (Primary,) Leinkatina

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls German Lutheran Cemetery Druid Hill Park

Date of Burial, Wednesday Jan 3rd 1883

H. R. Fetterhoff M. D.
Medical Attendant.

Undertaker, S. L. Schaffhirt

Place of Business, 159 W Baltimore St *Address,* 205 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 62826 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Amanda Lanphier

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 288 N. Bond st

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan. 2nd 1883

D D Grove M. D.,
Medical Attendant.

Undertaker, Wm H Hickman

Place of Business, 234 N. Gay St. *Address,* 137 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible] of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Hughes

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city since birth

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 88 N. Dallas

Cause of Death First, (Primary,) Supposed Small Pox

Second, (Immediate,) congestion of Lungs

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

The case was not reported on account of [illegible]

Place of Burial, Laurel Cemetery

Date of Burial, Jan 2nd 1883

Wm N. Hill M. D.

Medical Attendant.

Undertaker, T C Lewis

Place of Business, #73 Jefferson st

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 62

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 5 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Miles

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 4 Months, 2 Days.

Color, Bright - Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Luster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 57 Watson St, Lutherville

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 57 Watson St.

Cause of Death First, (Primary,) Smallpox

Second, (Immediate,)

Duration of last Sickness, 5 or 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jan 2d 1883

Undertaker, Wm M Dungee

Place of Business, 62 East st

Address, 62 East st

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law Printed on Back.

Board of Health, City of Baltimore,

Permit No. 62829 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 2 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Monday Jan 1st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mari Adelaide Pettit Lemmon

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ... *Years,* ..... *Months,* 9 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 111 Greenmount Ave.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 2/ [redacted]

Undertaker, H.C. Wiedefeld

Place of Business, 90 Greenmount Ave Address, 25 1/2 Greenmount ave

Wilmer Dorsey M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 62830 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. nnder penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Downey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 14 years ✓

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Phila Rd

Cause of Death, First, (Primary,) Inanation

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, R. C. Patricks Cem

Date of Burial, Jany 2nd 1883

Undertaker, M. J. A. Daiz & Sd

Place of Business, 74 S. Bond

D. M. Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6283 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 2 1883

Date of Death, Jan 7. 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harrisburg Pa

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 22 Baltm Alley

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, January 3 1883

Undertaker, A Hennaly

Place of Business, 116 Orchard St

Jas Carey Thurey M. D.,
Medical Attendant.

Address, 31 Mead ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of

Board of Health, City of Baltimore,

Permit No. 12882 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Arthur Dot

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 51 Oxford St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 51 Oxford St

Cause of Death, First, (Primary,)

Second, (Immediate,) Smothered

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial Bharf of Deserters

Date of Burial January 2 1883

Undertaker, A. Hensley

Place of Business, 116 Orchard St

Alexander Linley M. D.,
~~Medical Attendant~~,
Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 62833 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th JAN 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Long while

Place of Death, {Give street and Number.} 99 Moor Alley

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Rheumatism

Duration of Last Sickness, Short while

All the above Information should be furnished by the Physician.

Place of Burial, New Sharp street

Date of Burial, January 2 - 83

Undertaker, Wm J Jordan

Place of Business, 202 Park St

W W Austin M. D.,
Medical Attendant.

Address, 172 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rem[illegible] Below, and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimore,

Permit No. 62784 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Gerbes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 42 Lombard Street

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, County Cemetery

Date of Burial, Jan. 2nd 1883

Undertaker, Herring

Place of Business, Eleno Street

Geo. W. Denson M. D., Medical Attendant.

Address, Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 62836 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Zerbe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 42 Low Street

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Jan. 2nd 1882

Geo. W. Dixon M. D.,

Medical Attendant

Undertaker, Henry

Place of Business, Orleans St. *Address* Com. & Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is [illegible]

Board of Health, City of Baltimore,

Permit No. 62836 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 1st 1883

HEALTH DEPARTMENT JAN 1883 BALTIMORE, MD.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 343 E. Eagan st.

Cause of Death, First, (Primary,) Cranian Tumor

Second, (Immediate,) Dropsy

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Jany 3 1883

L D Gist M. D.,
Medical Attendant.

Undertaker, Henry Hoen

Place of Business, 119 Eastern Ave Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of

18

Board of Health, City of Baltimore,

Permit No. 6283

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

1883 BALTIMORE, MD.

Date of Death, Jan. 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa C. Raff

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 88 *Years,* 6 *Months,* 14 *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany. 42 yrs in U.S.

Duration of Residence in the City of Baltimore, 42 years.

Place of Death, {Give street and number.} 10 Calvert Road.

Cause of Death, First, (Primary.) Accidental. Had a severe fall about 7 weeks ago, from which she never rallied.

Second, (Immediate.) Old age.

Duration of Last Sickness, 7 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan. 4th

Undertaker, John P. Radue

Place of Business, 66 Frederick Ave.

E. H. Mehrer *M.D.,*

Medical Attendant.

Address, 2985 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below and to Sale of Blanks on Back of

Board of Health, City of Baltimore.

Permit No. 62838 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathilda Stembler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 5 *Years,* 10 *Months,* *Days.*

Color, whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimor City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 7. Fremont Street 97

Cause of death, First, (Primary,) Tin Cast fever

Second, (Immediate,) Paralyced heart

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimor Cemetry

Date of Burial, 3 January 1883

Undertaker, Lembart

Place of Business 389 W Pratt

S. F. Winkens M. D.,
Medical Attendant.

Address, 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 62889 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No. 244 S Durham St

Cause of Death, First, (Primary,) Cynanche

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Dec 24 1882

Undertaker, [redacted] Davidson,

Place of Business 14 S Bond *Residence Address,* 244 S Durham

P. Smith, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6284 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 2nd 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. A. Krueger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 2 *Months,* 16 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 306 Aliceanna

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, Jan 3rd 82

Undertaker, J. C. Schmidt

Place of Business, 265 Alice Anna *Address,*

J. L. Winkler M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 628411 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Ludwig

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Rear 165 Penn Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 2

Undertaker W Purnell

Place of Business,

Geo. M. Dunn M. D.,
Medical Attendant.

Address, Cor. of Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 6284 2 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Baum

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No. 116 E. Conway St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Croup

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 2 83

Undertaker, H. Lyle

Place of Business, S. Sharp st. 151 } *Address,* D. Bailey, M. D., Medical Attendant. 13 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decem 31 /82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann L. Malloy

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 33 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Yrs

Place of Death, {Give street and number} Mrs. Ann Jones, 84 Fremont Ave

Cause of Death {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 2d 1883

Undertaker, Chas T Scriven

Place of Business,

F J Glass M. D.
Medical Attendant.

Address, Mrs. Ann Jones, Fremont Ave
J Bradley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 62844 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura McGee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, {Give street and Number.} 18 Barnet St.

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 6 days.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Dec 31

Undertaker, J. M. Leonard & Son

Place of Business,

L. O. Wilson M. D.,
Medical Attendant.

Address, 958 W Fayette.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

19

Permit No. 28845

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 1883

Date of Death, January 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dan'l S. White

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 61 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland - Washington Co -

Duration of Residence in the City of Baltimore, Twenty-five years

Place of Death, {Give street and number.} 46 Gilmor St

Cause of Death, First, (Primary.) Fall and Shock —

Second, (Immediate.) upon previously broken leg

Duration of Last Sickness, Two days from Shock - Monday

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg W. Va

Date of Burial, Jan 3rd 1883

Undertaker, Chas R Cook

Place of Business, No 707 W Baltimore Street

Attending

Richard McSherry M.D.,

Medical Attendant.

Address, 189 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James W. Aubrey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 355 Eighteenth Street

Cause of Death, First (Primary,) Inflamation

Second (Immediate,) of Stomach & Bowels

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 3rd

Undertaker, George Schilling

Place of Business, Ashland Squar

A. Gill Alson M. D.
Medical Attendant.

Address 453 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62847 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 2 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Jan. 1/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } H. Arons

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days,*

Color, white

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 14 mos.

Place of Death, { Give street and Number. } 312 Aliceanna st,

Cause of Death, First, (Primary.) Variola

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Jany 2 '83

Undertaker, H. Sander Son

Place of Business, 202 Caroline Address 114 S Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62848 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 3 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Dressmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No. 212 S. Bond St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Ex. L. Cem

Date of Burial, Jany 2. 1883

Undertaker, H. Falder Son

Place of Business, 202 Caroline Ave

J. [illegible] M. D.,

Medical Attendant.

Address, 343 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6249

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6249 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1883

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Eisman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 8 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 4 Albemarle St

Cause of Death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, January 31

Undertaker, Rau & Bartell

Place of Business, 64 & W Balt St

W. W. Cottrell M. D.,
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62850 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna G. Lisette Brush

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 11 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 193 Lamburg

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loud Hill

Date of Burial, Jan 3

Undertaker, A Wiedemyer

Place of Business,

Geo. K. Deuton M. D.,
Medical Attendant.

Address, Cor of Heath

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

15

Permit No. 62851

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. H. Burton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Sixty-Eight *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} ———

Occupation, Grocer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, Thirteen Years

Place of Death, {Give street and number.} 244 Light St

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, Jan 3d 1883

Undertaker, Armiger & Sons

Place of Business, 263 Light St

D. L. H. Barclay M.D.,

Medical Attendant.

Address, 47 Cumberland St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... [illegible] ... Back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 62852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 1. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Spriggs

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 72 *Years,* 2 *Months,* 0 *Days.*

Color, Blk *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number.} S. S. Fremont

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Coma

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Jan'y 3rd 83

Undertaker, Jas. Cahill

Place of Business, 42 E. Fayette

J. L. Ingle M. D.
Medical Attendant.

Address 247 Fawn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 62863 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 1, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Boston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 7 Harmony Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 3

Undertaker, S. McShane

Place of Business, 108 Howard St

C. M. Neff M. D.,
Medical Attendant.

Address, 326 N. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62854 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, ~~Jacob Geerwein~~ January 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Geerwein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number. House not Numbered} Below Wabeston St / Fort Avenue

Cause of Death, First, (Primary,) Exhausted

Second, (Immediate,) Small Pox

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Leader Hill Cemetery

Date of Burial, January 3

Undertaker, Henry Bride

Place of Business, Hennetta St

J. R. Wiles M. D.,
Medical Attendant.

Address, 155 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 62866 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 2. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nicholls

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Abeys Alley Court

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Water Cemetery

Date of Burial, January 4

Undertaker, B. Hoole

Place of Business, 42 West St.

E. E. Boose M. D.,
Medical Attendant.

Address, 710 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 62836 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, January 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas McCutchins

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,* 1

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} St Josephs Hosp

Cause of Death, First, (Primary,) Acute Mighlis Disease

Second, (Immediate,) Oedema Phungis

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Waters Cem'y

Date of Burial, January 3

Undertaker, B. Hall

Place of Business, 42 West St.

W. G. Woodman M. D., Medical Attendant.

Address, St Josephs Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 62857 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, January 1st 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 0 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Annie born 89 Johnson Lane

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } ...

Cause of Death, First, (Primary,) Indigestion

Second, (Immediate,) ...

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Alpheus

Date of Burial, January 3

Undertaker, B. Hartley

Place of Business, 82 West ...

Geo A Smith M. D.,
Medical Attendant.

Address, 581 St Charles Ln

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 62855 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 3

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Hartlein

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 10 minutes *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 113 Goodmans alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Premature

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 5

Undertaker B Hale

Place of Business, ...

Geo. H. Dixon M. D.,

~~Medical Attendant~~

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6285 9 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anton Herman DeLat

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Schoolboy

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 242 W. Pratt St.

Cause of Death, First, (Primary,) Variola Confluens

Second, (Immediate,) Hyperpyrexia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, January 3

Undertaker, B. Hart

Place of Business, 82 West St.

Jno Gundel M. D.,
Medical Attendant.

Address, 409 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Number [illegible]

Board of Health, City of Baltimore,

Permit No. 62560 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} Ella Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years.* *Months.* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 27 Short St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jan 3 1883

Undertaker, Wm N Dorsey

Place of Business, No 62 East Pratt

T. H. Sauer M. D.,
Medical Attendant.

Address, 105 N. Gaston Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 62861 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 31. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Lidia Ann Bast.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 241 N. Dallas St

Cause of Death, First, (Primary,)

Second, (Immediate,) ~~Consumption~~ Consumption

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Jan 3 1883

Undertaker, Wilson Mason

Place of Business, 140 Orleans St

J J Gwynn M. D.,
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62862 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christiana Warner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 84 *Years,* 6 *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 18 months

Place of Death, { Give street and Number. } 395 East Eager St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Congestion of the lungs and brain

Duration of Last Sickness, about six week

All the above information should be furnished by the Physician.

Place of Burial, Washington Cem

Date of Burial, Jan 4th 1883

Undertaker, John W Jackson

Place of Business, Co. of John W Jackson

Milton [illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62863 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Ledden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 20 - Rowsey St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diseases of the Liver

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 5th 1883

Undertaker, Wm S Thacher

Place of Business, Paca & Camden

Pedro Borda M. D., Medical Attendant.

Address, 164 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62864 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 2d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. M. Bosley.

~~*Sex,*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 10 — *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 344. McHenry st

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 344. McHenry st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) "

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 3d 1883

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Truman T Hill M. D., Medical Attendant.

Address, 17 Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 62865 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Bell Webb

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} 492 Hanover

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Tuberculosis

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 17th 1883

Undertaker, J. R. Bridges & Co. *M. D.,* Medical Attendant.

Place of Business, 219 S. Eutaw *Address,* 186 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. - *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases Back of this Certificate.

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 Jan 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Edwards

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 93 Orleans.

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 4 1883

Undertaker, Thos S Kinsley

Place of Business, 60 E Balto St

J. W. P. Bates M. D
Medical Attendant.

Address, 1½ do Exeter,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6286 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Buffa

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, / *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 61 Thames St

Cause of Death, First, (Primary,)

Second, (Immediate,) Tumor Ovary

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Jan 3. 1883

Undertaker, C. Brance

Place of Business,

Jas. G. Hamilton, Geo. N. Dunbar M. D., ~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2868

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62868 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 2nd, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stanislaus Bonney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two years.

Place of Death, {Give street and Number.} 150 Chesapeake St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) ...

Duration of Last Sickness, Ten Days.

All the above Information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Jan 3rd 83

Undertaker, G. Fraser

Place of Business, 13 on 13 & Wall

John H. Keelan M. D.,
Medical Attendant.

Address, 2438 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62869 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883 BALTO

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Stern

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* —— *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and Number. } # 31 N. Wolfe st

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Small Pox

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Dec 31st 82

Undertaker, P. G. Frano

Place of Business, Bond & Wolfe

L. C. Winternitz M. D., Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... to the Importance of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62877 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Radigan.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 28 E. Monument St.

Cause of death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of Last Sickness, Three years.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 3 / 83

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av

John L. E. Kemp M. D.,
Medical Attendant.

Address, 273 W. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6287 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Louis F Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland. –

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 450 Eutaw Place

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Endocarditis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Church

Date of Burial, Garrison Forest Jan. 4. 1883

Undertaker, H W Jenkins Sons

Place of Business, 76 W Chas.

Maud. Smith, M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6287

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 2

Permit No. 62872 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd. 8 A.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Blanche McDonald

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X Y

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 178 S. Ann St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) .....

Duration of Last Sickness, Since Dec. 28th 1882

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, 4 January 1883

Undertaker John C. Pihl

Place of Business 265 Aliceanna

James E. Donnelly M. D.,
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62873 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jachins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 12 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 302 E Hayes St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Six (6) Mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 4

Undertaker, [illegible]

Place of Business, 187 & Bond

H. Wooldorr M. D.,

Medical Attendant.

Address, 65 Bayard Carlton 1884

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62874 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellenora D. Schulze

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 8 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 8 Ridgely st.

Cause of Death, First, (Primary,) Pneumonia Cronic

Second, (Immediate,) Prostration

Duration of Last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, January 4

Undertaker, A Rohde

Place of Business, 48 Penna Ave

C. L. Buddenbohn M. D.,
Medical Attendant.

Address, 166 S Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Janry 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophronia Connelly

Sex, Male or Female, {cross out the word not required in this line.}

Age, about 50 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and number} 61 Columbia ave

Cause of Death, First, (Primary,) Debility

Second, (Immediate,) a severe fall

Duration of last Sickness, about ½ hour

All the above information should be furnished by the Physician.

Place of Burial, Lancaster Co. Va

Date of Burial, Jan 5th. Jr. E. Clagett M. D.

Medical Attendant.

Undertaker, P. N. Trill

Place of Business, 131 Hanover *Address,* 36 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

15

Board of Health, City of Baltimore,

Permit No. 62876

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1883

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Willie Goss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* [illegible] *Months,* 7 *Days.*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 105 York St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 105 York St

Cause of Death, First, (Primary.) Asthenia

Second, (Immediate.) Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Sh.

Date of Burial, Jan 3rd 1883

Undertaker, Perkins

Place of Business, Hennellto St

Geo. H. Jones M.D.,
Medical Attendant.

Address, 105 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

15 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, December 31, 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Stove Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Near Wilmington Del.

Duration of Residence in the City of Baltimore, More than fifty years

Place of Death, {Give street and number.} 36. Henrietta St

Cause of Death, First (Primary,) Rodent Cancer

Second (Immediate.) Asthenia

Duration of Last Sickness, 5 Years

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 3rd 1883

Undertaker, Einsting Denny

Place of Business, 263 Light

T. Daugherty M. D.
Medical Attendant.

Address 15 Fairmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62878 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Duhan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 24 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 52 S Charles St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Jany 3rd 1883

Undertaker, M. Clark & Son

Place of Business, 92 S. Amer

Address, 248 Broadway

D. Smith, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62879 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 2/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 1 *Months,* 15 *Days,*

Color, colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City Md.

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and Number.} 35 Orchard St.

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial. Sharp St. Street Cemetery

Date of Burial. Jany 4th 1883

Louis C. Hom M. D.,

per EHK Medical Attendant.

Undertaker, Wm. J. Gray

Place of Business, 65 Saulsbury St

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62880 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, January 1st, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vreclow Sleclow,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 20 yrs. *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown,

Occupation, Cigar Maker,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia Austria

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Enteric Fever,

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Was in Hospital 3 days before death

All the above information should be furnished by the Physician.

Place of Burial. Cathedral Cemetery

Date of Burial. Jan 3rd 1883

Undertaker,

Place of Business,

E. Van Wie, M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6288

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62881 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jame H Brady

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, cd

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Hod Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 73 N Duncan alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, E Put Cemetery

Date of Burial, Jan 1st 1883

Undertaker, M Colman

Place of Business,

Geo. H. Brand M. D.,

Medical ~~Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Geo K Cragg S.S.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 6 2 8 8 2 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassander Jane Harrington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, Few years

Place of Death, {Give street and Number.} Randal St 3 doors South of Charles

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Maryland

Date of Burial, January 3

Undertaker, R. Hall

Place of Business, 42 West St

E. K. Kelly M. D., Medical Attendant.

Address, 158 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62883 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Pringle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 613 E Chesapeake

Cause of Death, First, (Primary,)

Second, (Immediate,) Cerebral

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Jan 3

Undertaker, J F Cooke

Place of Business,

W. Spratt, M. D.,
Medical Attendant.

Address, 213 E Pleasant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62884 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Janry 2, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt J Coales

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 5 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mary land

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 650 W Lombard

Cause of Death, First, (Primary,) Tetanus (traumatic)

Second, (Immediate,) ~~3 days~~

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Jan. 4 1883

James Boreny M. D., Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W Balto St. *Address,* 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62885 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 171 Raborgh.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 3

Undertaker, F A Kerchner

Place of Business,

Geo. W. Dixon M. D.,
~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonard Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} Home of Friendleff (Said Kill Av & Townsend)

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem L. McLane Tiffany M.D.

Date of Burial, Jan 4th /83 Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St *Address* 187 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 62889

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6288 *Office of Registrar of Vital Statistics.* Ward C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. V. Riley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 212 S. Bond St.

Cause of Death, First, (Primary,) Cholera

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St Evangelist's Cem.

Date of Burial, Jan 5th 1883

Undertaker, H. Sanglestein *M. D.,* Medical Attendant.

Place of Business, 252 [redacted] *Address,* 212 S Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

6288

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6288 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 31 - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Kilman,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum -

Cause of Death, First, (Primary,) General Debility -

Second, (Immediate,)

Duration of Last Sickness, Life -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan - 4/83 -

Undertaker, Pat. Hunt

Place of Business, Townsend & Givisin

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 2 8 8 9 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, 3 d January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Potter

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 27 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Mulberry Str. 319

Cause of death, First, (Primary,) Heart disease

Second, (Immediate,) Weakness

Duration of Last Sickness, He suffered for years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemt

Date of Burial, January 5/83

Undertaker, J. B. Doyle

Place of Business, 707 W. Balto St

A. F. Reinhard M. D.,
Medical Attendant.

Address, 224 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 2890 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry E. Osborne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 Years, Months, Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} 31 Woodyear Alley

Cause of Death, First, (Primary,) Croup (membranous)

Second, (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Jan 4

Undertaker, C W Blizzard

Place of Business, 198 Pratt st

J. C. Hammer M. D.,
Medical Attendant.

Address, 260 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6291 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, January 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Turner

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 12 Pearl ab

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy 15 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, January 5

Undertaker, C H Blizzard

Place of Business, 198 Aisquith st

Alexander Tinsley M. D.,
~~Medical Attendant.~~
Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...ases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 2892 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 4 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 30, 5. a m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Langenfelder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* ——— *Months,* ——— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 58 Wyeth St

Cause of death, First, (Primary,) Cholera-Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, Jan 31 1883

Undertaker, Mr Boyle

Place of Business, 20 Monument St

David T. Elderdice M. D.,
Medical Attendant.

Address, N. E. Cor. Charles Ave & Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 628[illegible]93

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62893 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Mahoney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and Number.} 196 N. Eden st

Cause of Death, First, (Primary,) Delirium Tremens

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 3 1882

Undertaker, Jno P Byrne

Place of Business, 63 Fayette

John B. Monnett M. D., Medical Attendant.

Address S. W. Chas & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...below, and to ...e of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6694 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Insley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* 5 *Months,* *Days.*

Color, colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chas Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 3 Jenkins Alley

Cause of Death, First, (Primary,) Cerebral

Second, (Immediate,) Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, January 5 1883

Undertaker, Abt Kimely

Place of Business, Marchand's

Edmund R Walker M. D.,
Medical Attendant.

Address, 189 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6289

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6289 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Lain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 98 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 68 L. Pommenck-

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Stone Chapel

Date of Burial, Jan 5

Undertaker, A Hensley

Place of Business, Address, Dr of Health

Geo. H. Dennon M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6896 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 4 1883

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Clark

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, Thirty Five Years

Place of Death, {Give street and Number.} 38 Hull St Locust Point

Cause of Death, First, (Primary,) Concussion of Brain

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 4th 1883

Undertaker, M. A. Daiger

Place of Business, 74 S. Bond

Nicholas L. Dashiell, M. D., Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62697 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 3 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd '83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Carroll

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonum

Second, (Immediate,) Asthenia

Duration of Last Sickness, Six months

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Jan. 4, 1883

C. F. Mitchell M. D., Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 62898

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Jan. 4, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parence Hooper

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 328 Raborg Street

Cause of death, First, (Primary,)

Second, (Immediate,) Variola

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, WF

Date of Burial, Jan 3

Undertaker, Verdier

Place of Business,

J. Summerfield Horn M. D.,
Medical Attendant.

Address, 36 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

99

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62899 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Knell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 154 Chesapeake

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, East Balto Public Cemty

Date of Burial, Jany 24/88

Undertaker, H Coleman

Place of Business,

Geo. F. Dixon M. D.,

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

100

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6290 *Office of Registrar of Vital Statistics.* Ward 15/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 4 1883

CERTIFICATE OF DEATH.

Date of Death, January 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Schrm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 71 Griffin Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, East Balto Public Cemetery

Date of Burial, Jany 3/82

Undertaker, M. Coleman

Place of Business,

Geo. F. Dunn M. D.,
Medical Attendant

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62901

Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1883.

JAN 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M. Hammersley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md Maryland

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and Number.} 206 E. Pratt st

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 4th 1883

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Nicholas L. Dashiell, Sr. M. D., Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to [illegible], and the List of Diseases on Back of this Certificate.

18 82

Board of Health, City of Baltimore,

Permit No. 62982

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JUL 2 1883

Date of Death, Jan 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Kratzer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Life 1

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 & Caldwell's

Cause of Death, First, (Primary.) Small Box

Second, (Immediate.) 1 week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan. 4th 1883

Geo. H. Denson M.D.,
Medical Attendant.

Undertaker, Wm. J. Fillmore

Place of Business, 65 S. Eutaw St *Address,* 64 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

62903

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62903 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 4 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 3/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex Bradford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 2 *Months,* *Days,*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 110 S. Bethel St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 4th 1883

Undertaker, J. F. Forbes

Place of Business, 173 Jefferson St. *Address,* 117 S. Broadway

R. D. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

02904

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 62904

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James O. Reed

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 257 William St

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Jan 4th

Undertaker, [redacted]

Place of Business, 82 West St. *Address,* 50 Warren Ave

H. A. D. Noble M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

62905

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62906 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 4 1933

Date of Death, January the 3th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Rath

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and Number.} 33 Bank St

Cause of Death, First, (Primary,)

Second, (Immediate,) old Age

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Holy Cross~~ Druid

Date of Burial, January the 4th

Undertaker, Mr Funk

Place of Business, 35 Bank St

Geo. W. Denson M. D., Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2906

The Special Attention of Ph... is respectfully invited to the Remarks b... on Diseases on Back of this Certificate.

15—Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1883

CERTIFICATE OF DEATH.

Date of Death, 4th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mela Krauno

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 9 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 22½ Lee

Disease of Death {First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Jany 6/82

Undertaker, H. Sanders

Place of Business, 252 Cantin Ave *Address,* 57 Barn

H W Mebsle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 62907

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62907 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 2 1893

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Evans

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } No 66 Eutaw St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Paralysis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's

Date of Burial, Jan 3 93

Undertaker, E. Frano

Place of Business, Dant & Wolf

Dr Gatch M. D.,
Medical Attendant.

Address, 5 N Bond & Aurelia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 62708

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 4 1893

Date of Death, Jan 2nd 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredk Wm Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 27 *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 145 S Exeter St

Cause of death, First, (Primary,) Variola

Second, (Immediate,) —

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, 4 Jan

Undertaker, W. Lippel.

Place of Business, 1512 Bond st.

Address, 57 Lombard

E. E. Cullen M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6279 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 4 1883

Date of Death, Jan 4/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Samuel L. Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, Blk

Married, ~~*Single, Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Hill Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 126 S. Bethel St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Louis Cem.

Date of Burial, Jan. 4th

Undertaker, W. A. Tyler

Place of Business, S. Bond St. 15

R. O. Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62910 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Brady

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 1878 Division St

Cause of Death, { First, (Primary,) Pneumonia
Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Jan 5th 83

Undertaker, J. G. Franey

Place of Business, Franey & Wolfe

Address, 218 Baroadway

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6291 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 4 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 3 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Donovan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* - *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 - Woodyard

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

ration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

ce of Burial, St Peters Cem

te of Burial, Jan 4th 1883

Undertaker, Chas J Scriven

Place of Business, 271 N Eutaw St *Address,*

D. H. Howard M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health. City of Baltimore,

Permit No. 6 2 9 1 2 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 4 1883

Date of Death, 3d January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa C. Jno Ruff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bells City ✓

Duration of Residence in the City of Baltimore, Living City

Place of Death, {Give street and Number.} W. 177 Hollins St

Cause of Death, First, (Primary,) Pulmonary Consumption,

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 8 months

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park. City

Date of Burial, Jan. 5th 1883

Undertaker, Ph. J. Dill

Place of Business, 183 Columbia ave, *Address,* [illegible]

C. H. Jones M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6293 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Heath

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days,*

Color, Colicty

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 163 E. Madison St

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) — — —

Duration of Last Sickness, — — —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 6th

Undertaker, Geo. Schilling

Place of Business, Address 163 E. Madison St

C. E. Shuer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6291 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the precentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday. Jan 3rd. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Olivia P. LeBrun

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 34 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married,

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore MD

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 111 Greenmount Ave,

Cause of Death, First, (Primary,) Puerperal Septicemia,

Second, (Immediate,) Exhaustion from high temperature &c.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 4th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av

Wilmer Brinton, M. D.,
Medical Attendant.

Address, 25 & 27 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62915 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etta Snyder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days,*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Bel Air Lot rear of Say st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jany 4 1883

Undertaker, William H Dugee

Place of Business, 62 East St

E. C. Baldwin M. D.,
Medical Attendant.

Address, 124 N Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 62916

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 3 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 2d, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sallie Mare

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Twenty three *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } Single

Occupation, 3

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 27 Gurley St. al.

Cause of Death, First, (Primary.) Phthisis Pul.

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, Jany 5/83

Undertaker, M. J. Jordan

Place of Business,

D. H. Boarman for ..... M.D.,

Medical Attendant.

Address, 58 N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co. Maryland

Duration of Residence in the City of Baltimore, 12 yrs + 3 m

Place of Death, {Give street and number.} 65 Johns Alley

Cause of Death, First (Primary,) Bronchitis acute & Prostration

Second (Immediate,) from attack of Whooping Cough

Duration of Last Sickness, one months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 4th 1883

William Lee M. D.
Medical Attendant.

Undertaker, M J Jordan

Place of Business, 63 South Eden Address 339 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish him forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...Table of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62918 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 2, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

Color, Colored,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} S. C.

Duration of Residence in the City of Baltimore, 19 yrs.

Place of Death, {Give street and Number.} 65 Davis St

Cause of Death, First, (Primary,) Phthisis.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 5th 1883

Undertaker, Alex Hendley

Place of Business, 116 Orchard St *Address,* Levy Ex Parte

E. Davis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Permit No. 62919

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 4 1883

Date of Death, Jan 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} David Murr

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* 2 *Months,* 20 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~ Driver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Life

Duration of Residence in the City of Baltimore, 139 Hanover st

Place of Death, {Give street and number.}

Cause of Death, First, (Primary.) Supposed

Second, (Immediate.) Small Pox

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 6 o'clock A.M Jan 4th 1883

Undertaker, Fred N. Frell

Place of Business, 131 Hanover st

Geo. W. Denson M.D.,

~~Medical Attendant~~

Address, 144 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Refer to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62920 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 4 1883

Date of Death, Jan 3. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Deale

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 12 *Months,* ..... *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 261 Cross St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Jan 4. 1883

Undertaker, J J Ross

Place of Business,

Geo. N. Dobson M. D.,

~~Medical Attendant.~~

Address, Cor of Heath

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62921 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 4 1883

Date of Death, Dec. 31 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rodolz Ex/

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 2 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 5

Place of Death, {Give street and Number.} 269 S. Amm

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Asthma

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Chr

Date of Burial, Jan 4th 83

Undertaker, G. Frank

Place of Business, Rank & Wolfe *Address,* 99 S Broadway

G. L. Wilkins M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62722 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 4 1883

Date of Death, 188 Mount Street 3d Dec 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. J. Kandall,

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Maryland,

Duration of Residence in the City of Baltimore, 40 years,

Place of Death, {Give street and number.} 188 Mount Street

Cause of death, First, (Primary,) Hypostasy (So I am told,

Second, (Immediate,) Paralysis, (Cerebral),

Duration of Last Sickness, 14 Hours,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Jan'y 5th 1883

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

Harry L. Byrd M. D.,
Medical Attendant.

Address, 127 N. Arlington Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62923 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 4 00

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia Ross

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 17 *Months,* ..... *Days,*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 310 Howard st.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small pox

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 4

Undertaker W. J. Ross

Place of Business, ...

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore,

Permit No. 62924 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elvin Mann

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } /

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 612 W Fayette St

Duration of Residence in the City of Baltimore, Entire life

Place of Death, { Give street and Number. } 612 W Fayette

Cause of Death, First, (Primary,) Inan Capitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 5th

Undertaker, Geo Schilling

Place of Business,

Hammond & Jennie M. D.,
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62926 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edward Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 37 Stockholm St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 4th 5th

Undertaker, Mr Perkins

Place of Business Monument St *Address* Com of Health

Geo. W. Simon M. D.,
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62926 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Martin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 9 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 257 Cross St.

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) "

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial. January 4

Undertaker, H Ross

Place of Business, 75 Conway St

Dr. [illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62927 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3d January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 10 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 9 Plum alley

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 4

Undertaker, H Ross

Place of Business, 95 Conway St

I. D. DYER M.D. M. D.,
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

19 Board of Health, City of Baltimore.

Permit No. 62928

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 3rd 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Wolfrad

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~~~ *Years,* One *Months,* ~~~~ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 9 Upton St.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 9 upton st.

Cause of Death First, (Primary,) Insanition

Second, (Immediate,) "

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 4 1892

Undertaker, Wm Madden

Place of Business, 76 East Pr *Address,* 182 Down[illegible]

Silas Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62929 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 5 1883

CERTIFICATE OF DEATH.

Date of Death, Thurs 4th Jan 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly May Kniz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 59 Exeter St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Septicaemia

Duration of Last Sickness, 2 days = attended one day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 6 1883

Undertaker, John W Jackson

Place of Business, Cor Gay & Lexington

Irving Miller M. D.,
Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62930 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 5 1883

CERTIFICATE OF DEATH.

Date of Death, January 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice G. Creighton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 2 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and Number.} # 2 Leadenhall St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Jan 6 1883

Undertaker, C. F. Kraus

Place of Business 204 Hanover

by C. A. Bell M. D., Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 5 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth E Payan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 253 St Paul

Cause of Death { First, (Primary,) Diptheria
Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Jany 5th 1883

Undertaker, Stewart & Macneal

Place of Business, 35 Park Ave

H W Mebsley M. D.
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 68 S. Sharp St

Cause of Death, First, (Primary,) Chronic Endocarditis

Second, (Immediate,) Dropsy

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jany 6th 1883

Dr. Little M. D.
Medical Attendant.

Undertaker, STEWART & BOWEN UNDERTAKERS, 35 Park Ave.

Place of Business, ~~STEWART & BOWEN UNDERTAKERS, 35 Park Ave.~~

Address, 121 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ly in Form to the Months Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62988 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel J Caulk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 9 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 292 S. Howard St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope

Date of Burial, Jan 5th 1883

Undertaker, Saml M Chase

Place of Business, 196 E Monument

L. D. Dyer M. D.,

Medical Attendant.

Address, 144 E Hill St

L. D. DYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Maria Louisa Stewart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* 1 *Months,* 18 *Days.*

Color, White *Sex,* F.

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 222 N Calvert st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 8th 1883

James A Stewart M. D.
Medical Attendant.

Undertaker, Henry W. Jenkins & Sons *Address* 95 N Paca

Place of Business, 75 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6 2 936 — *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 5 1883

CERTIFICATE OF DEATH.

Date of Death, January 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Maria Filzpatrick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months;* 13 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 268 W. Biddle St

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 5

Undertaker, C H Blizzard

Place of Business, 158 Pennsylvania Ave

Wm Morris M. D.,

Medical Attendant.

Address, 5 Fountain St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

17 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Adeline Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 13 *Years,* 8 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomac Co. Virginia

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number} 14 Green's Court

Cause of Death First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemet.

Date of Burial, January 6

Undertaker, B Hurst

Place of Business, 82 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62767 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1 4 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Christian Rehfuss

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, 1 4 mos

Place of Death, {Give street and Number.} E Lanvale st near Chews

Cause of Death, First, (Primary,) Chronic Cough

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Alpha Cem

Date of Burial, Jan 6th

Undertaker, B Keely

Place of Business, 82 West Pr

Wm Eastman M. D., Medical Attendant.

Address, 324 Chew

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62938 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 5 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L Davoke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 61 Thames St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 6

Undertaker, C E France

Place of Business,

John G Wunderlich M. D.,
Medical Attendant.

Address, 201 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62989 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 5 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sutter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} No. 458 Eastern ave.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, Jan 5th '83

Undertaker, G. Frazer

Place of Business, Frazer & Wolfe *Address,* [illegible]

W. P. Gatch, *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Coleman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} No 9 Old Fort st court

Cause of Death {First, (Primary,) Consumption

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery

Date of Burial, Jan 5th 1883

Undertaker, J J Lokes

Place of Business, 173 Hanover st

F F Keller M. D

Medical Attendant.

Address, 85 N Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. C[illegible] STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6 2941 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 5 1883

CERTIFICATE OF DEATH.

Date of Death, January 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Anders

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 13 Philpot Alley

Cause of Death, First, (Primary,) Exposure

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 6 or 7 days

All the above information should be furnished by the Physician.

Place of Burial, E[illegible]

Date of Burial, Jan 5

Undertaker, M Coleman

Place of Business,

Wm H. Morris M. D.,
Medical Attendant.

Address, 154 E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62941/20 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Deal jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 261 Orono St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Charles St

Date of Burial, Jan 5

Undertaker, H Ross

Place of Business,

Geo. N. Benson M. D.,

~~Medical Attendant,~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62743 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 5 1883

Date of Death, January 4th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pascal Beaumont

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 1 *Months,* 21 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County, Md.

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and Number.} # 82 S. Sticker

Cause of Death, First, (Primary,) "Phthisis Pulmonalis"

Second, (Immediate,)

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan. 7 - 83

Undertaker, J. B. Cook

Place of Business, 707 W. Balt. St. *Address,* 584 W. Fayette St

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

for Burials, to the ... when issued ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62944 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Peters

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 10 *Years,* 4 *Months,* 11 *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Milwaukee. Wis.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 269 Cops st.

Cause of death, First, (Primary,) Small pox

Second, (Immediate,) High fever

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, David Hill Park Cem.

Date of Burial, Jan 5th 1883

Undertaker A. Weidemeyer

Place of Business W. Baltimore st. 518½ *Address,* 224 W. Fayette st.

Dr. Ferd. Reinard M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62945 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Banks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Stewart

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and Number.} 339 S. Howard St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 8th 1883

Undertaker, H. Rose

Place of Business, Conway St

T. S. Dyer M. D.,
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 62946 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 3 1883

Date of Death, Jan. 3. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. E. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 4 *Years,* ..... *Months,* ..... *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, ...

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 4 Plumb Row

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 5

Undertaker, H Ross

Place of Business, 95 Lombard

T. S. Booze M. D.,
Medical Attendant.

Address, 210 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62947 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. nnder penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Carter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 257 Cross St

Cause of Death, First, (Primary,) Anemia, Complete

Second, (Immediate,)

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, S. Sharp St. Cem

Date of Burial, January 5

Undertaker, H Ross

Place of Business, Monument

Bissell M. D.,
Medical Attendant.

Address, 101 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6948 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carolina Schaub

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 48 *Years,* 4 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ----

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and Number. } 171 Carrollton ave

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Intestinal perforation

Duration of Last Sickness, Twelve (12) days

At the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Jan. 7th, 1883

Undertaker, Wm. H. Hinkman

Place of Business, 234 N. Gay St.

S. W. Selden M. D.,
Medical Attendant.

Address, H. C. Bayer & Carolina Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62749 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mary A. Kuckh July 4. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Kuckh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 49 Warren St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 6 January

Undertaker, H Borgmann

Place of Business, 45 Clay St

Chas. N. Kelly M. D., Medical Attendant.

Address, 166 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62950 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 5 C 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th January 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Decator

~~*Sex,*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.} Male

Age, 25 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 178 York St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 7 1888

Undertaker, Saml McElwee

Place of Business, 95 Stiles

L. D. Dyer M. D.,
Medical Attendant.

Address, 146 Hill St

L. D. DYER M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62961 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A Caulk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 292 S. Howard St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Ver

Date of Burial, Jan 5th 1883

Undertaker, Saml D Chase

Place of Business, 98 E Lanvale St

L. D. Miller, M. D.,
Medical Attendant.

Address, 146 Hill St

L. D. MILLER, M

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62952 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Righter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 62 E. Eager St

Cause of Death, First, (Primary,)

Second, (Immediate,) Ataxia

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Evangelical

Date of Burial, Jan 6th 1882

Undertaker, H. Sanders & Son

Place of Business, 252 Canton Ave

D. Kelly, M. D.,
Medical Attendant.

Address, 252 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 62953

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62953 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 5 C 1903 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Norman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 147 E Baltimore Street

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Asthma

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 7 03

Undertaker, Fry Pay

Place of Business, 67 W Lexington

Milton L Chew M. D.,
Medical Attendant.

Address, 1131 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Memoranda Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 629764 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 5th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Yaggy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 2 *Months,* 20 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 316 Alice Ann

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Jan 6th 82

Undertaker, J. C. Schuh

Place of Business, 245 Alice Ann St Address,

J. L. Williams M. D.,
Medical Attendant.

No. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials, to the Office whence issued, Saturday of each No. 62955

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62955 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Alice

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } St. Vincent Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 6th 1883

Undertaker, Pat. Hunt.

Place of Business, Divine & Townsend,

R. M. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem av. Catherine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62956 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Reitelbock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany; 3 years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} # 26 Fell St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 6th

Undertaker, W. Diffel

Place of Business, S. Bond St. 751

John H Kelly M. D.,
Medical Attendant.

Address, 1413 Aisquith (Cor N)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 02957

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62957 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 6 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Bailey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* *Days,*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 52 Peach alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small pox

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 6

Undertaker, H Ross

Place of Business, Bloomby St

Signed, Thos Ford M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person ~~shall~~ die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62958 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 6 1883

CERTIFICATE OF DEATH.

Date of Death, 4 January 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm L Brookes

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 15 *Years,* 8 *Months,* 4 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Nothing

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, { Give street and Number. } 25 Stockholm St.

Cause of Death, First, (Primary,) Tabes-Mesenterica

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial Sharp Street

Date of Burial, January 6

Undertaker, H Ross

Place of Business, Monument

J. V. Dyer M. D.,
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 62969 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 6 7 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James White

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 9 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 75 St Paul St

Cause of death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jany 7th 1883

Undertaker, Jno H McCoy & Co. *M. D.,* Medical Attendant.

Place of Business, 422 W Fayette St *Address,* 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62960 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wilkerson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and Number.} 346 Hanover St

Cause of Death,
First, (Primary,) Variola,
Second, (Immediate,) "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill Cy.

Date of Burial, January 6

Undertaker, B. Hurlu

Place of Business, 8 West St

S. A. Bell M. D.,
Medical Attendant.

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6296 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Leitchey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always Life

Place of Death, {Give street and Number.} Convent of 5 Sons E. of Johns

Cause of Death, First, (Primary,) Small-Pox

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 6

Undertaker, Reinhard Haile

Place of Business, 82 West St

C. A. Cake M. D., Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62962 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN. 6 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sinden.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 7 *Years,* 4 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balte

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 Weber alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 6

Undertaker, B Hare

Place of Business,

Chas. N. Dunn M. D.,

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62963 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Budges

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Six *Months,* 7 *Days,*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 226 N. Durham St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Jan 7 1883

Wm H Hendrick M. D.,
Medical Attendant.

Undertaker, Miller & Kemp

Place of Business, No 62 Ex St *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62964 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 6 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 4/1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter J Barlow

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 82 Vincent alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 6

Undertaker, W V Dungee

Place of Business,

Geo. F. Benson M. D.,
~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 62765

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62965 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Eugenia Hirsh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 190 E. Ann St

Cause of Death, First, (Primary,) Variola Maligna

Second, (Immediate,) .....

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, January 6. 1883

Undertaker, H. C. Sandy & Son

Place of Business, 202 Exeter St

D. M. Cattell M. D.,
Medical Attendant.

Address, 21 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62966 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5 January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Schroeder

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 40 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bremen — Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Franklin N 459

Cause of death, First, (Primary,) Croupous bronchitis

Second, (Immediate,) Paralysis of lungs

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Jan. 7th 1883

Undertaker, H. Louis Schaefer

Place of Business, 109 N Fremont

L. E. Reinhard M. D.,
Medical Attendant.

Address, 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6296 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Schlag.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 20 Rockh

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 6

Undertaker C Wedemeyer

Place of Business,

Geo. J. Penson M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilie Phelps Warfield

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 153 Aisquith Avenue

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Jany 8/83

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

John Dickson M. D.
Medical Attendant.

Address, 261 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62969 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* ..... *Months,* ..... *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md a.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 4 C Penny alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Old age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Jan 6

Undertaker, C Keenly

Place of Business, ...

Geo. H. Dunn M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62773 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Jan~~ 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Charles~~ Bagley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seventy three *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Fifty five years

Place of Death, {Give street and number.} 22 North High st

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 8th January

Undertaker, John Lake

Place of Business,

Walter Way *M. D.,*
Medical Attendant.

Address, 172 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62771 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 6 7 1883

CERTIFICATE OF DEATH.

Date of Death, January 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 3 *Months,* 9 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 548 Canton Avenue

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Jany 7th 1883.

Undertaker, L. Ritz.

Place of Business, 129½ S. Broadway.

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 2972 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 6 1883

CERTIFICATE OF DEATH.

Date of Death, Jan ~~December~~ 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Charles Baumgarten

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 1 *Months,* 26 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Garber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 37 Bank st

Cause of Death, First, (Primary,) Tuberculosis,

Second, (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Bal. Catholic

Date of Burial, Jan 8 83

Undertaker, [illegible]

Place of Business, 35 Bank

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Th: Special Attention of P... for Burials. to the Office whence issued ... to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62973 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Caulker

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6 D. Durham Al.

Cause of Death, First, (Primary,) Gastric Ulcer

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six months

All the above Information should be furnished by the Physician.

Place of Burial, Dorsil cemitry

Date of Burial. 7 Jan 1883

Undertaker, Tho J. Locke

Place of Business, 73 Jefferson

G. G. Lusk M. D.,
Medical Attendant.

Address, Balto Gas L. Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62974 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 6 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Ward

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 54 *Years,* *Months,* *Days,* 1

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer Hide Room

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and Number. } 23 Pleasant st

Cause of Death, First, (Primary,)

Second, (Immediate,) Bronchopneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Balto Co

Date of Burial, Jan 7th

Undertaker, L. & A. Schilling

Place of Business,

Geo. F. Reynolds M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62976 *Office of Registrar of Vital Statistics.* Ward 1.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 6 1883

CERTIFICATE OF DEATH.

Date of Death, January 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hubert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 207 Gough Street

Cause of Death, First, (Primary,) contagious

Second, (Immediate,) Small pox

Duration of Last Sickness, about two weeks

At the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan. 6. 1883

Undertaker, M. A. Daugherty

Place of Business, 74 S. Bway

Milton Abbott M. D.,
Medical Attendant.

Address, 207 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, who shall be called to bury the body, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Rosenbaum

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* 2 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Housewife ~~Home~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 231 Franklin St.

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Debility & Starved

Duration of last Sickness, 12 days, as attendant

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Jan 7

Undertaker, C H Bizzard

Place of Business, 198 Penn

H. R. Fetterhoff M. D.
Medical Attendant.

Address, 205 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

Board of Health, City of Baltimore,

Permit No. 62977

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 6 1883

CERTIFICATE OF DEATH.

Date of Death, 5th Jan 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elmira Conguet

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 Amity St

Cause of Death, First, (Primary.) Quinsy.

Second, (Immediate.) Convulsions.

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 7/1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 75 Franklin St.

[signature], *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

Permit No. 6297

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5th Jan 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lana Conant

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years~~, 15 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 Amity St

Cause of Death, First, (Primary.) Extension from

Second, (Immediate.) Exhaustion & probably Ulceration of stomach.

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Jan. 7. 1883

Undertaker, J B Cook

Place of Business, 707 W. Balto St

Jno. S. Lan, M.D.,
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... for Burials, to the Office whence issued, ... invited to the Rules ... below ... List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62979 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 6 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Cummings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years ✓

Place of Death, {Give street and number.} No 29 E Madison St.

Cause of death, First, (Primary,) Brain Softening

Second, (Immediate,) Paralysis

Duration of Last Sickness, Eight weeks.

All the above information should be furnished by the Physician.

Place of Burial, N Cathedral

Date of Burial, Jan 7 1882

Undertaker, Jas B Byrne

Place of Business, 637 Lexington W

Wm Woodbridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Phy... for Burials, to the Cause ... Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62980 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 6 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucius Clinedi

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* 24 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 216 Chesnut St.

Cause of death, First, (Primary,) Malignant Scarlet fever

Second, (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, January 6 1883

Undertaker, Jas L Byrne

Place of Business, 63 Front

Edward P Wood M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62981 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 6 1903 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lotz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 183 Bank St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 6

Undertaker, G France

Place of Business,

Geo W. Brown M. D.,

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62982 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Washington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days,*

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 12 Clarkson alley

Cause of Death, First, (Primary,) —

Second, (Immediate,) Small Pox

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, F. County

Date of Burial, Jany 4/82

Undertaker, Kerchner

Place of Business,

Geo. W. Dorsey M. D.,
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Inspector

for Burials in the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully ... List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62983 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 5 1883

Date of Death, Jan 3/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. T. Poole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days,*

Color, Col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 187 West St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Jany 4/83

Undertaker, Merchant

Place of Business,

Geo. T. Dennis M. D.,
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 & 7 1 8 4 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 6 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Sauer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* 6 *Months,* 4 *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 93 Johnson st

Cause of Death, First, (Primary,)

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jan 7 1883

Undertaker, Henry Sandt

Place of Business 252 Eastern Av

Gerdine Cook M. D.,
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 62785

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62785 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana B Goodmuth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 210 Stollmeyer Sh

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 6

Undertaker, J Summers

Place of Business,

Geo. N. Benson M. D.,
~~Medical Attendant.~~

Address, Comr of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials, to the Office whence issued ... of each week. No. 62986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62986 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F Burns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 58 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} 129 Foote St

Cause of Death, First, (Primary,) Variola.

Second, (Immediate,) Prostration

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 16

Undertaker, J H Ross

Place of Business, 95 Canal St *Address,* 146 Hill St

E. D. Dyer M. D.,
Medical Attendant.

L. NEWBERN

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the Office whence issued. Sat... ...each week

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday 6th Jan. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Mueller

Sex, Male or Female, {cross out the word not required in this line.} male

Age, one *Years,* 7 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number} No 11 Henry st

Cause of Death, First, (Primary,) Spasmodic croup

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, January 7th

Undertaker, A. Zurle

Place of Business, No 52 West St

W. C. Sandrock M. D.
Medical Attendant.

Address, 227 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Keepers of Cemeteries in City of Baltimore [illegible]
for Burials, to the Office whence issued, Saturday of each week. 62988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62988 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN. 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Eyre

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City ✓

Duration of Residence in the City of Baltimore, 2 mo 12 days

Place of Death, {Give street and Number.} 293 Johnson St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Congestion of the brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, Jan 7th

Undertaker, B. Hale

Place of Business, No. 82 West st

Last seen [illegible] *M. D.,*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

for Burials, to the Office whence issued Saturday of each week. 62989

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 5 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisey Abrahams

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 3 2 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 182 Division

Cause of Death { First, (Primary,) Bronchitis
, Second, (Immediate,) acthenia

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Jany 8 1883

Undertaker, D Emmy & Milans

Place of Business, 330 W Fayette

F. E. Shatard M. D.
Medical Attendant.

Address, 1124 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 62990

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ Jan 5 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Gympson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, B *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Monumally 79

Duration of Residence in the City of Baltimore, 2 years ✓

Place of Death, {Give street and number.} Monument ally 79

Cause of Death, First (Primary,) Syphilis

Second (Immediate,) Phthisis two months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cem

Date of Burial, Jan 6th 1883

Undertaker, M J Gorden

Place of Business, 63 Park Ave *Address*

William Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Keepers of Cemeteries in City of Baltimore will make returns of all Pe... for Burials, to the Office whence ... Saturday of each ...

No. 62991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62991 *Office of Registrar of Vital Statistics.* Ward 28

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clinton J. Keenan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Winchester Va.

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and Number.} 333 Aisquith St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 8th 1883

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St. *Address,* 25½ Greenmount Av

Wilmer Brinton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of C[illegible]eteries in City of Baltimore will make returns of all Permits [illegible] Saturday of each week. 12792

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12792 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Amarind

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 18 S. Carlton St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Anasarca

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Jan 7th

G. G. Lush, M. D.,
Medical Attendant.

Undertaker, Andrew Kosiba

Place of Business, 244 E. Lombard *Address,* 342 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office where issued Saturday of each week. 62993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62993 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 7 1893 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 4/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florance Dale

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days,*

Color, ed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 134 York St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharon St Cemetery

Date of Burial, Jany 6/82

Undertaker, John H. Owens

Place of Business, 225 S Howard

Geo W. Benson M. D.,

Medical Attendant

Address City of Death

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Leo E Brown
Compiler

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for B... Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 2 7 9 4 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 7 1883

CERTIFICATE OF DEATH.

Date of Death, January 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Forrest

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Widowed Divorced~~; {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co.

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and Number.} 76 Raborg St.

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate.) 2 weeks

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 7

Undertaker, E Kerchner

Place of Business,

J. H. Hoffman M. D.,
Medical Attendant.

Address, 279 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. 62995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62995 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1883 BALTIMORE, MD.

Date of Death, Jany 6th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Coe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* — *Days,*

Color, col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 7 Peach Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Jany 8th 83

Undertaker, Kirchner

Place of Business,

Geo. W. Simon M. D.,

~~Medical Attendant~~

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. No. 62996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62996 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 7 383 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 5th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Sharp

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~ *Years,* 4 *Months,* ~ *Days,*

Color, ed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 72 Stockholm St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Jany 6/82

Undertaker, Kirchner

Place of Business,

Geo. W. P. Dawson M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Ed A Brown

for Burials, to the Office whence issued, Saturday of each week. 62997

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62997 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Barbour

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 292 E. Madison St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 8th 1883

Undertaker, Henry W. Mears

Place of Business, 145 N. Gay St.

H. H. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...ity of Baltimore will ... as of all Permits
for Burials, to the Office whence issued, Saturday of each week. No. 62998

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62998 *Office of Registrar of Vital Statistics.* Ward 9.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 6-th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Healy

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* ... *Months,* ... *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 180 N Calvert St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae

Date of Burial, Jan 8 1883

Undertaker, Joseph F Byrne

Place of Business, 89 Liberty Address 257 Maryland Ave

J H Price M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. No. 62999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62999 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Knuck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and Number.} # 307 S. Bond St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, January 7 1883

John A. Kehlinger M. D.
Medical Attendant.

Undertaker, John Hennig

Place of Business, 352 Orleans St. *Address,* # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

for Burials to the ... whence issued, Saturday of each week ... 63000

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63000 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Jan 6. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kellerman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 501 N. Glenn Ave.

Cause of Death, First, (Primary,) Variola Hemorrhagica

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, seven days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 9 1883

Undertaker, John Heming

Place of Business, 382 Orleans St

G. G. Link Medical Attendant.

Address, 2922 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 63001 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Krause

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 7 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 49 Watson st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'y

Date of Burial, January 8 1883

Wm. L. Russell M. D.,
Medical Attendant.

Undertaker, John Hennessy

Place of Business, 382 Aliceanna St

Address, 238 Fleet Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully directed to the Remarks Below, and to Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 63002 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Morgan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} No. 1 N. Castle St. near Fayette

Cause of Death, First, (Primary,) Capilary Bronchitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jany 8. 1883

Undertaker, David Dungee

Place of Business, 423 Chesnut

C. L. Bruns M. D.,
Medical Attendant.

Address, 375 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 63003 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 7 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 6. 883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant J. Ellis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 119 Chesnut St.

Cause of death, First, (Primary,) Premature birth. 7 months.

Second, (Immediate,) Unable to take nourishment—

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 6, 1883

Undertaker, Smith & Bruce

Place of Business, 123 Chesnut st

Edward P. Winslow M. D.,
Medical Attendant.

Address, 8 Chesnut St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 62004 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JAN 7 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 5. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Cornelius Johnson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 12 *Years,* *Months,* *Days,*

Color, Negro

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Calvert Co.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 223 Bolton St. Extended

Cause of Death, { First, (Primary,) Acute Tubal Nephritis / Second, (Immediate,) Uraemic Poisoning

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 8 1883

Undertaker, H. Clay & Sons

Place of Business, 62 East St. *Address,* Bolton Ext. Dept.

A. M. Nelson Jr. *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

Permit No. 68005 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883 JAN 7 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. W. Larkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* 3 *Months,* ——— *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore during life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 248 Raborg St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 8 1883

Undertaker, Wilson & Bro

Place of Business, 62 East St

H. Nelson M. D., Medical Attendant.

Address, Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 63006

OFFICE OF REGISTRAR OF VITAL STATISTICS, 1883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Thomas White

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 23 *Years,* 5 *Months,* ..... *Days.*

Color, ... ✓

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Accomac Co. Va.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } 81 Church st

Cause of Death, First, (Primary,) Abscess liver

Second, (Immediate,) .....

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 7 1883

Undertaker, [illegible]

Place of Business, [illegible]

W. C. Sandrock M. D.

Medical Attendant.

Address, 227 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *Properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Long

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} 2 Drowsy Alley

Cause of Death {First, (Primary,) Paralysis

Second, (Immediate,) 3 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Grant

Date of Burial, Jan 7 1883

Undertaker, B. H. Chase

Place of Business, 190 Lombard

F. F. Benson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Phy... is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 62008 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Schultz

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 76 *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } N. 180 N. Caroline st

Cause of Death, First, (Primary,) —

Second, (Immediate,) Phthisis Pulm.

Duration of Last Sickness, some time

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Jan 9

Undertaker, Wendell Doyle

Place of Business, 147 E Baltimore Address, 182 Eden

L O Whitehurst M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 63009 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Seckert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} N. E. Cor Eutaw & Hamburg

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Jany 7th

Undertaker, J. Koehler

Place of Business, Cor Sharp & Cross Sts *Address,* 513 Light

O. A. Cooke *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 68510 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wingard

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 19 W Lombard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baero

Date of Burial, Jan 7

Undertaker Wm J Tuckman

Place of Business,

Geo. W. Dixon M. D.,

Address, Cor of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

19

Permit No. 6301

Board of Health, City of Baltimo...

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 7 1883 BALTIMORE, MD.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 6 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Wingate

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 26 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number. } 21 N. Gilmor st

Cause of Death, { First, (Primary.) Consumption / Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Jan 8th 1883

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore Street

E. Meiorhoff M.D.,
Medical Attendant.

Address, 827 W. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 68012 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 7 1893 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Hudgins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 7 *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 106 Raborg St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Inward Diseases

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg

Date of Burial, Jan 8

Undertaker H. Ross

Place of Business,

Chas. H. Denson M. D.,

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6 3013 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 7 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Shaw

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 39 Greenberry

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Jany 7. 83

Undertaker, A. Sanderman

Place of Business, 252 Canton Ave

M. D.,
Medical Attendant.

Address, 39 Greenberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 68014 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED JAN 7 1383 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Gross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* ... *Months,* ... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Plum Near Lemon

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Ver

Date of Burial, Jan 7

Undertaker, H Ross

Place of Business,

Geo. H. Bunn M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6 3015 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 7 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 6. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella M. Dobson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 28 N. Calvert St.

Cause of Death, First, (Primary,) Cancer of Breast

Second, (Immediate,)

Duration of Last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 8th 1883

Undertaker, Henry H. Mitchell

Place of Business, 65 S. Broadway

J. W. Houck M. D.,
Medical Attendant.

Address, 75 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 6 8016 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen M. Evatt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Seven *Years,* Three *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 171 Lee St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup - Bron

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 7th 1883

Undertaker, Wm J. Tuckman

Place of Business, 65 S. Eutaw

J. Taylor Smith *M. D.,* Medical Attendant.

Address, 221 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Forward

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 63017 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Jan. 6' 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. T. Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and Number.} 289 McElderry

Cause of Death, First, (Primary,) Confluent Small Pox

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial. Jan 7th 83

D. Shaw M. D., Medical Attendant.

Undertaker, G. Tesano

Place of Business, Bentz & Wolf *Address,* 148 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63018 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 5. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph. Waters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 5 Bruce St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Jan 7 1883

Undertaker, W Wheeler

Place of Business, 194 Lemmon St

W. S. Booze M. D., Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63019 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Welch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 70 Chew Street between Eutaw & Calvert

Cause of Death, First, (Primary,) Cerebral

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 7th 183

Undertaker, M. Clarke & Son

Place of Business, 97 S. Amm

D. Hall, M. D., Medical Attendant.

Address, 21 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 63020 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Bard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Moulder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} #307 Alice Anna St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) .....

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, City Cemetery

Date of Burial, Jan 6th 83

Undertaker, W. Coleman

Place of Business, City Hall

Geo. H. Dunn M. D.,

~~Medical Attendant~~ Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Jos F. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 63021 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ready

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days,*

Color, W

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Home Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 105 York Av

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Jany 6/82

Undertaker, Kirchner

Place of Business,

Geo. W. Benson M. D.,

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Geo. E. Brown

[over.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

2 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 8 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Ainsworth

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 16 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Soller

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, ... ✓

Place of Death, {Give street and number} 16 Slemmers alley

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Hemorrhage of Lungs

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Burying Ground, Potts. Road

Date of Burial, January 8 1883

Jno. Bales ..... M. D.
Medical Attendant.

Undertaker, J. A. McGinnis

Place of Business, 172 Pleasant st *Address,* 1½ S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childr

Board of Health, City of Baltimore,

Permit No. 63823 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Long

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* & ~~*Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 291 E. Madison St.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Marasmus

Duration of Last Sickness, Seven weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bait.

Date of Burial, Jan. 8

Undertaker, J. E. Hough

Place of Business,

A. H. Erich M. D.,
Medical Attendant.

Address, 95 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 63024 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 8 1883

Date of Death, Jan 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella R. Ward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto ✓

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 5. N. Front St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 8th 1883

Undertaker, Jas. P. Byrne

Place of Business, 63 Hanover

Edwd. F. Mitchell M. D., Medical Attendant.

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on...

Board of Health, City of Baltimore,

Permit No. 63025 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 3 1883

Date of Death, Jan 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Armstrong

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 27 South Front

Cause of Death, First, (Primary,) Membranous (Dysentery) Croup

Second, (Immediate,) Obstruction

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cem

Date of Burial, Jan 8 1883

Undertaker, Jas O Byrne

Place of Business, 43 Hunt

Lord Lemmon M. D.,
Medical Attendant.

Address, 171 E. Conway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 63826 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob L. Kuhn

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, W

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 333 Canton Ave

Cause of Death, First, (Primary,) Cholera

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetery

Date of Burial, Jan 8th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* Balto

Griffith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 63027 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Louise Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 28 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 69 N. Spring St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Spasm

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial. June 9 1883

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 137 Orleans St

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 60028 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 8 1883

Date of Death, Jan. 7th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie E Long

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 159 S. Wolfe St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Variola

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 8 1883

Undertaker, John Heaney

Place of Business, 382 Orleans St *Address,* 914 S. Broadway

M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 62029 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Lecke

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 536 Hanover st

Cause of Death, First, (Primary,)

Second, (Immediate,) Lung - Fever

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, January 8th

Undertaker, Julius Kochler

Place of Business, Sharp & Cross sts

Address, 513 Light st

D A Cooke M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63630 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ruseth Spencer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 21 *Years,* *Months,* *Days,*

Color, Colute

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Pendentiary

Cause of Death, First, (Primary,) Internal injuries caused

Second, (Immediate,) by Jumping from the 5th tier a distance of 100 feet

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial. Jan 8/83

Undertaker, Fry & Lee

Place of Business, 711 Broadway

H. Conway M. D.,
Medical ~~Attendant~~.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63031 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Crowley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } .....

Age, 23. *Years,* 6. *Months,* 11 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 407 N Calhoun St

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cty

Date of Burial, January 8th 1883

Undertaker, John F. Meacher,

Place of Business, No 150 London

Edward Cole M. D.,
Medical Attendant.

Address, 146 N Amity St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63032 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1255 S Durham St

Cause of Death, First, (Primary,) Pseudo Membranous Croup

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, 5 Reform Cemetery

Date of Burial, 8 January 1883 John H. Ellberger *M. D.,*

Undertaker, John C. Gluck Medical Attendant.

Place of Business 265 Aliceanna St *Address,* 2443 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63083 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* 6 *Days,*

Color, Negro

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and Number.} 282 N Howard St

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) convulsion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 8

Undertaker, M J Jordon

Place of Business,

Jno A Moale M. D.,
Medical Attendant.

Address, 152 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63034 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann B Price

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and Number.} 2 Lafayette ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 9th 1883

Undertaker, Mr Hearle

Place of Business, West & Fremont Sts *Address,* 146 Fremont st

Wm Thos Corbett M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 63035 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany - 7 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Appell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 8 *Months,* 9 *Days.*

~~Color~~,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, (15 years & more)

Place of Death, {Give street and number.} 12 Brown's Lane

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) (Has not been under the care of a physician for the past four months, I was his last medical attendant)

Duration of Last Sickness, 10 or 12 months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, 9th January.

C. C. McDowell M. D.,

Medical Attendant.

Undertaker, John P. Saulsbury

Place of Business, 66 Frederick ave. *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63036 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~.

Date of Death, January 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Moore

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Works

Birthplace, { State if country, and how long in the United States, if of foreign birth. } Butte Mt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 41 Eliot St

Cause of Death, First, (Primary,) Pseudo-Membranous Croup

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial. St Patricks Cem

Date of Burial. Jan 8th 1883

Undertaker, H. Sanderlin

Place of Business, 252 Canton

E. J. Williams *M. D.,*
Medical Attendant.

Address, 43 Eliot St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6387 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Fernandez

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 1 Baltimore St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Jan 8th 1888

Undertaker, H Sander & Son

Place of Business, 252 Canton Av

M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68038 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan ~~Dec~~ 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Wolf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 5 *Months,* 12 *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 33 Fountain st

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) (Croup)

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical

Date of Burial, Jan 8th 1883

Undertaker, Wm. Sanders Son

Place of Business, 252 Caroline Av

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 65039 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 7th 1883

Full Name of Deceased, {Write legible and spell correctly. If an Infant not named, give names of parents.} Kate Wilker

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 6 *Years,* 10 *Months,* ~~—~~ *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Boyn 10 Mos

Place of Death, {Give street and Number.} 165 Hamburg

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Small Pox

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Alpheus C.

Date of Burial, January 8

Undertaker, B. Hart

Place of Business, 82 Wert St.

C. D. Smith *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63848 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Foley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} 106 West St

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pitters Cemetery

Date of Burial, January 9

Undertaker, B. Gluck

Place of Business, 82 West St.

Louis C. Horn M. D.,
Medical Attendant.

Address, Duebury & Myllaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Slater

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seven *Years,* ..... *Months,* ..... *Days.*

Color, Brown

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Richmond Va

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and number.} No 114 Franklin St

Cause of Death, {First (Primary,) Scarlet a Convulsions, Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, January 8 83

Undertaker, Wm Hinsley

Place of Business, 116 Orchard St

Edward M. Wis M.D.
Medical Attendant.

Address 199 N Howard St near Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

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Board of Health, City of Baltimore,

Permit No. 63842

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Hawkins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 59 Oxford Lt

Cause of Death, First, (Primary.) Catarrh of Lungs

Second, (Immediate.) Spasms

Duration of last Sickness, Attended him 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 8 83

H. R. Fetterhoff M. D.
Medical Attendant.

Undertaker, Geo. Heuisler

Place of Business, 116 Orchard St

Address, 205 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 63043 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1853

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Mary

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } No 109 Durham Alley

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Croup 6 Days

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Fifth Dist. Ref. Cemetery

Date of Burial, 8th January 1853

Undertaker, Henry Hofmann

Place of Business, 63 N. Eden St

J. [illegible] M. D.,

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6304

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6304 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Kunze

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* ..... *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 128 Camden ave

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Simple Pap

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 9

Undertaker, W F Eshner

Place of Business, ...

Geo H. Dunn M.D.,
Medical Attendant.

Address, Conn, Pa

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and ...e and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63045 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Poulson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 18 West St

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, January 8

Undertaker, H ROSS

Place of Business, 95 Lombard St

E. L. Wiley M. D.,
Medical Attendant.

Address, 105 [illegible] St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

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Board of Health, City of Baltimore,

Permit No. 630416

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cobath

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, 4 Twelfth

Place of Death, {Give street and number.} 302 S. Howard St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Small Pox

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Park P.t Cemetery

Date of Burial, January 8

Undertaker, H Ross

Place of Business, 95 Hanover St

A M Belt *M.D.,*

Medical Attendant.

Address, Cor. Lee & Sharp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C[illegible]

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia & J. O'Connor

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

~~*Age,*~~ — ~~*Years,*~~ ~~*Months,*~~ 15 hours ~~*Days.*~~

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 157 W. Biddle St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 157 W. Biddle St

Cause of Death, First (Primary,) Premature birth

Second (Immediate,)

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician

Place of Burial, St Peters Cem

Date of Burial, Jan 8th 1883

Undertaker, Chas F Lehman

Place of Business, 271 N Eutaw St

J. D. Stewart *M. D.*
Medical Attendant.

Address 167 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible] of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is respectfully invited to the Reverse Hereof and to List of Diseases to be

14

Board of Health, City of Baltimore,

Permit No. 63048

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie O. M°Neill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always lived in Balto.

Place of Death, {Give street and number.} Corner of Carey & Hollins Sts

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Phthisis

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, January 9th

Undertaker, Chas G Levering

Place of Business, 271 N Eutaw St

Amanda E. Taylor, M.D.,
Medical Attendant.

Address, 95 North Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Otto~~ Herman Falk

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 8 days

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 81 N. Bond

Cause of Death { First, (Primary,) Laryngitis
Second, (Immediate,) Cyanosis
8 hours

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bare

Date of Burial, Jan 8

Undertaker H. Heafman

Place of Business, 630 E. Eden St

Wm N. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 63662 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virg. Crouch

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 9 *Months,* 14 *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 456 ~~Aisher~~ E. Fayette St

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan. 9th 1883

Undertaker, M. A. Dargen

Place of Business, 74 S. Bway

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 63067 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt. David J. Rice

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 2 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Worcester Co. Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 1542 Lemon St

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,) Paralysis

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Jan. 9. 1882

Undertaker, M. A. Daigen

Place of Business, 74 S. Hanover

[illegible] M. D.,
Medical Attendant.

Address, 1542 Lemon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 63052 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Mahon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 425 Aliceanna St

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 9 Jan 1883

Undertaker, Theo J. Locks

Place of Business, 73 Jefferson St

M. D.,

Medical Attendant.

Address, 344 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 6 3 0 6 3

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 9/16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 21 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 40 Wayne St.

Cause of Death, First, (Primary,) Abscess

Second, (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Jany 8th 1888

Undertaker, Geo W Perkins & Co

Place of Business, 130 Henrietta st

C. L. Biddlecombe M. D.,
Medical Attendant.

Address, 46 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63054

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert James Stevenson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nil

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 2 Ivy Alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 2 Ivy alley

Cause of Death { First, (Primary,) Phthisis Pulmonalis / Second, (Immediate,) Asthenia

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8th 1883

Undertaker, Edward Givens

Place of Business, 52 Bank st Fells

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 63555 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Panford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 134 E. Avenue

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) .....

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Jan. 8th

Undertaker, H. Disque

Place of Business, S. Broad & 15th

James E. Demitt M. D., Medical Attendant.

Address, 227 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 63856 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wendelin Shultz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 73 N. Castle Street

Cause of Death, First, (Primary,) Trismus Nascentium

Second, (Immediate,) .....

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 8th 1883

Undertaker, Wendelin Dippel

Place of Business, 157 S. Bond St

Geo. K. Dixon M. D.,
Medical Attendant.

Address, Com. of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6386 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 6 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Dubbes

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... 18 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 170 E. Pratt St!

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Jan'y 8th/883

Undertaker, John Fox

Place of Business, 166 Balto. St.

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 63858

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 3 1883

Date of Death, January 6. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Williams

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~78~~ 76 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Book Binder by trade

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 71 Biddle St W

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) do Neuralgia

Duration of Last Sickness, All only Six hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 8

Undertaker, C. H. Bizzard

Place of Business, ... *Address,* 64 N Paca St

W. W. Hammond *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63059 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th. 2:45 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Porter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* One *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No. 8 Slaughterhouse Alley

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 8 Slaughterhouse Alley

Cause of death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) ———

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, Jan 9

Undertaker, H. Rau

Place of Business, ———

Wm. H. Alderdice M. D.,

Medical Attendant.

Address, 8 E. Chamberlain Ave. Point Rd.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6860 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 2 1883

Date of Death, December 8th, 6:00 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Ross.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Two Years, Ten Months, ——— Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 180 E. Pleasant St.

Cause of death, First, (Primary,) Abcess (Tonsillar) & Throat.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, Jan 8/83

Undertaker, H. C. Wiedefeld

Place of Business, 96 Greenmount Ave

David V. Alderdice M. D.,

Medical Attendant.

Address, N. E. Cor Caroline Ave & Pleasant St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 9

Permit No. 63061 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 8 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Wittgenstein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 11 *Years,* 7 *Months,* 6 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bel

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 262 West Pratt St cor Sharp.

Cause of Death, First, (Primary,) Typho Nidanal Fever

Second, (Immediate,) .....

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalam Cemy

Date of Burial, Janar 8th 1883. Dr H. W. Webster M. D.,

Undertaker, Wm Elsner Medical Attendant.

Place of Business, 101 Gough St *Address,* 57 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68062 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 9 1883

Date of Death, January 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Turner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days.*

Color, C

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Seamstress

Birthplace, { State or country, and how long in the United States if of foreign birth. } Richmond Va

Duration of Residence in the City of Baltimore, abt 2 weeks

Place of Death, { Give street and Number. } 32 S. Wolfe St

Cause of Death, First. (Primary,) 1 Natural causes (heart

Second. (Immediate,) 2 Disease of Spine (

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial Lamb's Cemetery

Date of Burial, Jan 8-1883

Undertaker, W. W. Madden

Place of Business, 76 East St

Chas. H. Corbit M. D.,
Coroner & Medical Attendant.

Address, 67 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 63063 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 3 1903

Date of Death, Jan 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Son of John Mage

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~8~~ *Years,* *Months,* 14 *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 18 Warner St

Cause of Death, First, (Primary,)

Second, (Immediate,) Imcile Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bowdoin

Date of Burial, Jan 8

Undertaker, J S Wyasher

Place of Business,

Geo. F. Dixon M. D.,

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63864 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1883

CERTIFICATE OF DEATH.

Date of Death, January 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Silvia Novak

Sex, Male or Female, { Cross out the word not required in this line. } /

Age, 4 *Years,* 1 *Months,* / *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all mine

Place of Death, { Give street and Number. } 183 North Chapel St

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Asphyxia

Duration of Last Sickness, about 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 9 1883

B. F. Lord M. D.,

Medical Attendant.

Undertaker, John Hennessy

Place of Business, 382 Orleans St *Address,* 128 Chew St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63065 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wester

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltd

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 Park alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 8

Undertaker, H Breie

Place of Business,

Geo. N. Dixon M. D.,
~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

No.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sewel.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mont Co Md,

Duration of Residence in the City of Baltimore, 39 yrs

Place of Death, {Give street and number} 35 Orchard St.

Cause of Death, First, (Primary.) Brights Disease

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 months about

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8th 1883

Undertaker, S. W. Chase

Place of Business, 198 S. Howard

L. R. Coale M. D.
Medical Attendant.

Address, 118 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...DUNCAN & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6306 — *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Zenker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 7 *Months,* ..... *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia, Town of Blasno

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and Number.} Chas & Dallas Sts

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 Mos

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemty

Date of Burial, 10th January

Undertaker, Adam Fink

Place of Business, 461 W Gay St

E Geo Walls M. D., Medical Attendant.

Address, 411 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special [illegible] of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba[illegible]

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Whittington

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 1 Rear alley Confluent Small Pox

Cause of Death First, (Primary,) Confluent Small Pox

Second, (Immediate,) Exhaustion

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, January 7 83

Undertaker, Williams Gray

Place of Business, Southbury St

Wm. M. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 63069

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H. Geist

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 465 E. Chase

Cause of Death First, (Primary,) Small pox

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Lo[illegible]~~ Mt. Carmel

Date of Burial, Jan. 8th 1883

Undertaker, Fay Bro.

Place of Business, Broadway & Mulliken

Wm H. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

16

Permit No. 63078

Board of Health, City of Ba...

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Gaines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 188 Plum alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 9

Undertaker, G. Perkins

Place of Business,

Geo. H. Bunton M.D.,

~~Medical Attendant.~~

Address, Com. of Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63071 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7 '91

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry B. Langenum

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 76 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Coach Trimmer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 53 yrs.

Place of Death, { Give street and Number. } 250 S Gay St.

Cause of Death, First, (Primary,) Hemorrhage of lungs

Second, (Immediate,) age

Duration of Last Sickness, Died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Petersburg

Date of Burial, Jan 8

Undertaker, Henry Welsh's

Place of Business,

H. E. Bill M. D.,
Medical Attendant.

Address, 448 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63072 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7-83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Elliott

~~Sex,~~ Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 109 Orleans

Cause of Death, First, (Primary,) Chronic Nephritis

Second, (Immediate,) Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bal't Cem'y

Date of Burial, Jan 9/83.

Undertaker, J. Di Rossing

Place of Business, 125 Orleans *Address,* .....

Jas Mathews *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68073 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 6 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dibbs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 57 Lancaster alley

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Jany 9th 1883

W. S. Booze M. D.,
Medical Attendant.

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta st *Address,* 910 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68074 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha M. May

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Fifteen *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 191 Bank Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 9th 83

Undertaker, G. Frauer

Place of Business, Bonte & Noll

Wm H. Clendinen, M. D., Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Rast

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* 10 *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Gumany (17 Years)

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 35 N. Gay st

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) asthenia

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus &c

Date of Burial, Jan 8 '93

Undertaker, G. Frana

Place of Business, Davis & Wolfe *Address,* 137 W Fayette St

C Futurare A. B. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63076 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 8/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tompkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 2 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 97 Thames

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Asthenia

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 8/83.

Undertaker, G. Kraus

Place of Business, Bonis & Wolf *Address,* 97 So. Broadway.

P. L. Whitten M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63877 *Office of Registrar of Vital Statistics.* Ward IV

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Farrow

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, 6 Yrs

Place of Death, { Give street and Number. } No. 219 S. Durham St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Jan 8th 83

Undertaker, G. Frazier

Place of Business, Bond & Wolfe *Address,*

J. R. Scott *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63078 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Dickman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 10 *Years,* 11 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 195 Columbia Av.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Uremic Spasm

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 9. 83

Undertaker, Ph. J. Dill

Place of Business, 188 Columbia Av

C. L. Buddenhorn M. D., Medical Attendant.

Address, 446 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 63079 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Chas~~ Rev. John Justice

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 6 *Months,* — *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, nearly all his life

Place of Death, {Give street and Number.} 102 N. Arlington Ave

Cause of Death, First, (Primary,) Hemorrhage from lungs

Second, (Immediate,) age

Duration of Last Sickness, 1 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Jan 8th 1883

Undertaker, Jos B Coates

Place of Business, No 707 N Baltimore Street

H. E. Hill M. D.,
Medical Attendant.

Address, 443 Fountain St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63880 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany. 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie Gambrill

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 14 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and Number. } 66 McCulloh St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 4

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem'y

Date of Burial, Jany 9th 1883

Undertaker L. Ecum & Mitchell

Place of Business, 550 W Fayette St

Thos O'Dea M. D.,
Medical Attendant.

Address, 39 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63081 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Landhern

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8

Place of Death, {Give street and Number.} Baltic & Wolfe St

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Jan 9

Undertaker, W Dippel

Place of Business,

C Van Tobel M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63082 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elyza Kouns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baer

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 123 Camden

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 9

Undertaker, W Fuhrer

Place of Business,

Wm F Poman M. D.,

Medical Attendant,

Address, Cor of Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 63883

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 5 1883

CERTIFICATE OF DEATH.

Date of Death, January 8. '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Chase Woods

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 374 Eutaw Place

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 10th Jany 1883

F. C. Williams M.D.,
Medical Attendant.

Undertaker, H. W. Jenkins & Sons

Place of Business, 75 N. Charles St *Address,* 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63084 *Office of Registrar of Vital Statistics.* Ward 13.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1883

CERTIFICATE OF DEATH.

Date of Death, 1.7.83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leroy Alonzo Brooks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 0 *Days,*

Color B

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 16 mos

Place of Death, {Give street and Number.} 39 Ruby

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 1 Wk

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Jan 9 1883

Undertaker, S McShane

Place of Business, 19 E Howard St

Lewis M Eastman M. D., Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63085 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 7th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hewson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, House cleaner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 54 St Mary St

Cause of Death, First, (Primary,)

Second, (Immediate,) Hemorrhage - Pulmonary

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, Jany 9 1883

Undertaker, D H Chase

Place of Business 196 Howard St

J. H. Miller M. D.,

Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d... if requested so to do, under penalty of law.

JAN 3 1883

No Permit for Burial can be Obtained without a Proper Certificate.

63186

CERTIFICATE OF DEATH.

Date of Death, Jany 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Penn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Brick Mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltto city

Duration of Residence in the City of Baltimore, 70 Y. 3.

Place of Death, {Give street and number.} 412 Light st.

Cause of death, First, (Primary,) Abcess in Bowels

Second, (Immediate,) General debility

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 9th 1883

Undertaker, Armstrong Bros

Place of Business, 263 Light st

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Bar...

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63087 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN. 21 1883 BALTI

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz L Schwingert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 30 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 272 N Caroline St

Cause of Death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, January 10 1883

Undertaker, Henry Hecht

Place of Business, 209 Central Ave (Odd 688)

S. W. Slown M. D.,
Medical Attendant.

272 N Caroline Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 63088

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 6th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etta G. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 1 yr - 9 mos

Place of Death, {Give street and number.} 54 Vincent St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions Supervened

Duration of Last Sickness, About 3 wks - Saw it once before death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 9 1883

Undertaker, Richard Ling

Place of Business, 62 Exeter St

L. Bittinger *M.D.,*

Medical Attendant.

Address, 467 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63889 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1883

CERTIFICATE OF DEATH.

Date of Death, January 7th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Myers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, Wood Sawyer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Centre Hill. Maryland

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, { Give street and Number. } No 25 East St

Cause of Death, First, (Primary,) Bright's Disease Kidneys

Second, (Immediate,) one month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jany 9 1883

Undertaker, Milligan & Sherwood

Place of Business, 62 East St *Address,*

J E Gorman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63090 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 9 1883

CERTIFICATE OF DEATH.

Date of Death, January 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Richardson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 10 *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} 193 N Eden st

Cause of Death, First, (Primary,) Tubercular - Consumption

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loud Creek

Date of Burial, Jan 9 1883

Undertaker, McClymont Bros

Place of Business, 62 East St

Wm L Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 7 6309

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 9 1883

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. H. Stubbard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First, (Primary.) Brights Disease

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 9/83

Undertaker, Dennis & Mitchell

Place of Business, 6 & S Broadway

S. O. G. Hoofman M.D.,
Medical Attendant.

Address, 346 E. Balto St
St Josephs Hosp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63092 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Blessing

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* 8 *Months,* 28 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 52 years 7 Months

Place of Death, {Give street and Number.} 320 Sisquita

Cause of Death, First, (Primary,)

Second, (Immediate,) Cirrhosis of liver

Duration of Last Sickness, 35 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 10, 1883

Undertaker, Cookshaw & Evans

Place of Business, Cr. Valley & Eager

E. C. Baldwin M. D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 63093

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 12 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Mikles.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 3 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 1 Walsh alley.

Cause of Death, First, (Primary.) Tonsilitis.

Second, (Immediate.) Coma Air Passage by Enlarged Tonsils.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Wednesday Jan 10th 1893

Undertaker, Conrad Kunkel

Place of Business, No 60 Park ave.

J. E. Mitchell ..... M.D.,
Medical Attendant.

Address, 709 N. Eutaw st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63894 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 9 1 1893

Date of Death, June 8th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Shug

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Syrs

Place of Death, {Give street and Number.} 210 Eden

Cause of Death, First, (Primary,) Spinal Dis

Second, (Immediate,) " "

Duration of Last Sickness, 14 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Ft Dearborn } C. C. Smith *M. D.,*

Date of Burial, June 9

Undertaker, B. Heil Medical Attendant.

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63096 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 19 1883

Date of Death, Dec 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lentz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Dec 8th

Place of Death, {Give street and Number.} 192 William St

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 9

Undertaker, B. Hank

Place of Business, 82 West St.

C A Carter M. D., Medical Attendant.

Address, 573 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65096 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 9 1883

Date of Death, January 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Adams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 3 Markham ct

Cause of Death, First, (Primary,) Cancer Face

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, January 9

Undertaker, B. Hauer

Place of Business, 92 W. Balt St

Medical Attendant. A. A. Cooke M. D.,

Address, 573 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6807

Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M C Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, C

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 182 Fort ave

Cause of death, First, (Primary,) Inanition Paf

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, January 9

Undertaker, B. Hauls

Place of Business, 8 West St.

L. B. Bacon M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

15 Board of Health, City of Baltimore,

63098

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 9 1883

Date of Death, January 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Ruppert

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Six *Years,* two *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, year and a half

Place of Death, {Give street and number} 39 Covington st

Cause of Death, First, (Primary,) Chronic Croup

Second, (Immediate,) Extenuation

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H Olivet

Date of Burial, January 10

Undertaker, L. Hirsch

Place of Business, 82 West st

F. C. Sandrock M. D.
Medical Attendant.

Address, 227 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6809 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 12 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Weir

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 14 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 14 Lamp Road

Cause of Death, { First, (Primary,) Meningitis / Second, (Immediate,) Edampsia

Duration of Last Sickness, 2 days

The above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Jan 9th 1883

Undertaker, H. H. Hofmann

Place of Business, 63 N. Eden

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, with the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6810 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Chenelworth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 McCubbin St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 9 1883

Undertaker, Fry & Bro

Place of Business, 61 to Broadway *Address,* Cor. Eden & Biddle

E. B. Fenby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68100 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Chenelworth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 McCulloh St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 9 1883

Undertaker, Fry & Son

Place of Business, 61 So Broadway

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor. Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6101 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1883

CERTIFICATE OF DEATH.

Date of Death, Jan - 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jan Navratil -

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Bohemia

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and Number.} 43 N Duncan Alley

Cause of Death, First, (Primary,) Phlegmonous Tonsilitis

Second, (Immediate,) Apnoea

Duration of Last Sickness, 3 or four Days

All the above Information should be furnished by the Physician.

Place of Burial, Ft Mc Henrys

Date of Burial. Jan 9 '83

Undertaker, J Henry

Place of Business, Address, 128 Aliceanna St

B. F. Grove M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63103. *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 9 1883

Date of Death, Jan. 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 7 *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 11 Raesche Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 9 1883

C. W. Nuth M. D.,
Medical Attendant.

Undertaker, Alf Hemsley

Place of Business, 114 orchard

Address, 306 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 13 63103

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 1 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gussie Selles

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or County and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 229 N Lond St

Cause of Death, First, (Primary.)

Second, (Immediate.) Malformation of Obstruction of Bowels

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholom Cemetery

Date of Burial, January 9 1883

Undertaker, I. Posnansky

Place of Business, 637 Lanvale St

Solon Rice M.D.,

Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68107 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bailey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 28 Winter ct

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, Jan 9

Undertaker, G W Chase

Place of Business,

Geo H Penson M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63706 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Annie Neiberlein

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 3 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and Number.} 60 Frederick Ave

Cause of Death, First, (Primary,) Malarial fever

Second, (Immediate,) " "

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 9 1883

Undertaker, John P Poulson

Place of Business, 66 Frederick Ave

J. H. Christian M. D.,
Medical Attendant.

Address, 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attenti... Back of ...

Board of ...h, City of Baltimore,

Permit No. 63106 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1883

CERTIFICATE OF DEATH.

Date of Death, January 9. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Martin.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2½ *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 130 N. Eutaw

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 130 N Eutaw

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 10th 1883 Alexander Insley M. D.,

Undertaker, Stewart & Maurer ~~Medical Attendant.~~

Place of Business, 95 Park ave *Address,* Comen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore.

Permit No. 6310

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Eisemann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* ~~3~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No. 4 Albemarle St.

Cause of Death, First, (Primary.) Scarlatina Anginosa

Second, (Immediate.) Asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem.

Date of Burial, 10 Jan.

Undertaker, Wm. L. Bartlett

Place of Business, 62½ W. Balto. St. *Address,* 1 S. Exeter St.

F. J. Moyer *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65108 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 31 1883

Date of Death, Jany 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Leeks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 536 H Hanover st

Cause of Death, First, (Primary,) Prismus Staxcentium

Second, (Immediate,)

Duration of Last Sickness. 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Jan 9

Undertaker, J Koehler

Place of Business,

Dr A Cooke M. D.,
Medical Attendant.

Address, 523 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6870 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 21 1883

CERTIFICATE OF DEATH.

Date of Death, January 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Woodward

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cap Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city all his life

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 93 E. Fayette St

Cause of Death, First, (Primary,) Malaria.

Second, (Immediate,) Typho-malarial Fever. Mic. Cyus Petechiæ Hemorrhage from bowels

Duration of Last Sickness, about five weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 10th 1883

Undertaker, John Take

Place of Business, 166 Balto St

G. A. Johnson, M. D.,
Medical Attendant.

Address, 80 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6310 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 9 1882

Date of Death, Jan 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Przekwiecki

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 428 Fell St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Jan 9th 80

Undertaker, G. Frazer

Place of Business, Davis & Wolfe

John H Kellogg M. D.,
Medical Attendant.

Address, 443 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63111 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Theodore Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 1061 E. Lombard St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem

Date of Burial, Jan 9th 83

Undertaker, G. Frank

Place of Business, Bass & Wolfe *Address,* 118 Broadway

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 6312.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Monday Dec. 8th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodor Adolph Oscar Heinzer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 = elf Months, 8 Days.

Color, mulatto

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore. S. Dallas St. 107

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} S. Dallas St. 107

Cause of Death, First, (Primary.)

Second, (Immediate.) Measles

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jan 11

Undertaker, H. Lizzel

Place of Business, 157 S Bond

Heiz M.D.,
Medical Attendant.

Address, S. Dallas St. 107

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6371/3 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie V Barlow

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 82 Vincent St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption of lungs

Duration of Last Sickness Dont know only saw him once

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 9 1883

Undertaker, Miller and Myers

Place of Business, No 62 East St

N. Emerson M. D.,
Medical Attendant.

Address, 382 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63744 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 1883 JAN 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Dewey

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cart Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 136 E Carolina St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial E P

Date of Burial, Jan 12

Undertaker, M Coleman

Place of Business,

Geo L Kummer M. D., Medical Attendant.

Address, 73 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 6311

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1883

JAN 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Parsons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 29 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} S Eutaw St

Cause of Death, First, (Primary,) Inflammation of Brain

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, January 11th 1883

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,*

J. H. Martin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6316 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno M Pfeister

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Policeman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Cor Cary & Edmonson ave

Cause of Death, First, (Primary,) Incised wound - throat suicide

Second, (Immediate,)

Duration of Last Sickness, 1 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus

Date of Burial, Jan 11th 1883

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Av *Address,* Corner

Alexander Tinsley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6511 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 9 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Krümel
Carl Krümel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 10 Months Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 664 S. Charles

Cause of Death, First, (Primary,) Entrastes Labor

Second, (Immediate,)

Duration of Last Sickness, Lived 10 minutes after birth

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Jan 9th 1883

Undertaker, Ernst Schlosser

Place of Business, 216 Sharp

O. A. Cooke M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Cooney.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, (30 *Years,* ——— *Months,* ——— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, Seamstress.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Alegahany Co. Md.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number} 59 S. Monroe.

Cause of Death First, (Primary,) Heart Dis.

Second, (Immediate,) Syncop.

Duration of last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Jan 10th 82

Undertaker, Matthew J. Cadogan

Place of Business, 227 Mulberry St.

D. D. Bökyn M. D.
Medical Attendant.

Address, 19 S. Fulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

Permit No. 63119

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* 0 *Months,* ..... *Days.*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} West River

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} No 3 Waters Court

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Congestion of the Brain

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 10

Undertaker, H Koss

Place of Business, 95 Monument St

C B Fisher M.D.,
Medical Attendant.

Address, Cor Eutaw & Lexington

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully called to the ... over this Co.

Board of Health, City of Baltimore,

Permit No. 6812 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L Lucas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, one *Years,* 10 *Months,* 10 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6 Pinlico alley

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 10

Undertaker, H Ross

Place of Business, 95 Monument

L. D. Dyer M. D.,
Medical Attendant.

Address, 146 Hill St.

L. D. DYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah August Ellen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 10 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 118 Cookerie St

Cause of Death, First, (Primary,) Small Pox.

Second, (Immediate,) Exhaustion

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Bonne

Date of Burial, Jan 10

Undertaker, B Hale

Place of Business,

L R Coale M. D

Medical Attendant.

Address, 118 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6312 2 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, 9th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dora Brady

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 years *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Howard str 109 1/2

Cause of death, First, (Primary,) Dyspneria

Second, (Immediate,) Scarlet fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Bonia Brae Cemetery

Date of Burial, Wednesday Jan 10th 1883

Undertaker, Conrad Kunkel

Place of Business, 60 Park ave

Dr. Ferd. Reinhard M. D.,
Medical Attendant.

Address, 224 West Fayette str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63123 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} — Bruster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 hrs *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 24 Eliabeth St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} This death occurred a short time after birth - the child being deformed. The brain of its head absent & all that bony structure

Cause of Death, First, (Primary,) ..... Second, (Immediate,) being broken by the forceps

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 18

Undertaker, Wm S Bruster

Place of Business, ...

E. Williams M. D., Medical Attendant.

Address, 33 Eliabeth St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

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Board of Health, City of Baltimore,

Permit No. 63127

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 10 1883

Date of Death, 8th Jany 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esmile Coultran

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Coloured

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 40 Richmond Mews

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Pneumonia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jany 10

Undertaker, R. J. Gordon

Place of Business, ...

C. B. Gamble *M.D.,*

Medical Attendant.

Address, 39 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6312 6 — *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 9/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Smith

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 14 *Days,*

Color, Blk

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 126 S Butler St.

Cause of Death,
First, (Primary,) Variola
Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Louis Cem.

Date of Burial, January 11th

Undertaker, W. Diffet

Place of Business, 121 S. Bond

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63126 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Smythe

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 208 Gough St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Augustine

Date of Burial, Jan 12

Undertaker, W D Steele

Place of Business,

Geo R Edson M. D.,

~~Medical Attendant.~~

Address, Bon. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Lot 2 Wit Pol

Board of Health, City of Baltimore,

Permit No. 63127 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9 1883

JAN 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Craig

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 297 Cross

Cause of Death, First, (Primary,)

Second, (Immediate,) Carbuncle Face

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C.

Date of Burial, January 11

Undertaker, B. Magee

Place of Business, 82 West St.

By Theodore Cook M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63128 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 10 1883

Date of Death, January 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freddie England

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 12 days Entire

Place of Death, {Give street and Number.} 12 Barney St

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Malarial Fever

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, January 11.

Undertaker, B. Hark

Place of Business, 82 West St.

J. McKelvey Jr. *M. D.,* Medical Attendant.

Address, 153 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63129 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 10 1923

Date of Death, Jan 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Erie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 106 Parkin St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Cathedral

Date of Burial, Jan 10

Undertaker, H H Bolo

Place of Business,

Geo W. Dixon M. D.,

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 3 1 3 0 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie May Fisher

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 *Years,* 7 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 120 S. Ellington Ave.

Cause of Death, First, (Primary,) Malignant Variola

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 10th 83

James T. Shaw M. D., Medical Attendant.

Undertaker, G. Frank

Place of Business, Banks & Mag Address, 68 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63131 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, January 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Revere

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, ~~_____~~ *Years,* One *Months,* ~~_____~~ *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~_____~~

Occupation, ~~_____~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 848 Hamburg

Cause of death, First, (Primary,) Small-pox.

Second, (Immediate,) .....

Duration of Last Sickness, Ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 10 1883

Undertaker, Philip S. Dill

Place of Business, 183 Columbia Ave

Wm H. Goldsborough, M. D.,
Medical Attendant.

Address, N.E. Cor. Columbia Ave & S. Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 63132 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, January 9 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Strait

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 271 S. Broad

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Jan. 10 83

Undertaker, L. Doppel

Place of Business, S. Broad st 251

Address, 271 S. Broad

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63133 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm N. Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 21 *Days,*

Color, Whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Mal. Nutrition

Second, (Immediate,) .....

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 9

Undertaker, H W Bryan

Place of Business, ... *Address,* .....

C. T. Bryan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63134 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, January 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F Thompson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and Number.} 229 Bolton St.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Diarhoea

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 12th Jany 1883

Undertaker, H. M. Jenkins & Son

Place of Business, 758 N. Charles *Address,* 582 W. Fayette St

J. G. Smithson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, 6 January 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Eliz. Smallwood

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 40 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 17 S. Regester St.

Cause of Death, { First, (Primary,) Phthisis Pulmonalis / Second, (Immediate,) asthenia

Duration of last Sickness, Unknown.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Jan 10th 1883

B. F. Lamond M. D.
Medical Attendant.

Undertaker, Thos J Locke

Place of Business, #73 Jefferson St *Address,* 2nd & Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6 8 1 3 6 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millard F. Jay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} #317 Alice Anna St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jany 10 83

Undertaker, H. Sheyden Sons

Place of Business, 202 Caroline St

John H. Kehler M. D.,
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63136 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 45 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 48 Venetta St

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) Dropsy & Heart Disease

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 11th

Undertaker, F. N. Troll.

Place of Business, #131 Hanover St

J. H. Butler M. D.,
Medical Attendant.

Address, 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

3 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 9. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Foxwell.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt., Md

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 152 S. Ann St.

Cause of Death { First, (Primary,) Diphtheritis. / Second, (Immediate,)

Duration of last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Jan 11th 1883

Robt. Am Thos M. D
Medical Attendant.

{ *Undertaker,* Henry W. Means
{ *Place of Business,* 45 N Gay St *Address,* 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63139 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Veney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days,*

Color, colored,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 9 S. Duncan Al.

Cause of Death, First, (Primary,) Scarlatina maligna

Second, (Immediate,) Coma

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, January 10th 1883

Undertaker, Chas A White

Place of Business, No 35 Granby St

H. E. Lusk M. D.,
Medical Attendant.

Address, 3928 E. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6314 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 10 1883

Date of Death, Jany 8. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chatcher Perkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, In 71st *Years,* *Months,* *Days,*

Color, White Married

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Retired Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N Berwick Maine

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 390 N Gilmor St

Cause of Death, First, (Primary,) Fall - fracture of rib - Congestion of brain

Second, (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial. Jany 10th 1882

Wm F. C. Kemp M. D.,

Medical Attendant.

Undertaker, Denby & Mitchell per com Kemp

Place of Business 55 & 57 N. Fayette *Address,* 55 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6511 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, January 9th '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lauretta R. Gittz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Two *Years,* One *Months,* *Days,*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 144 Ridgley St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, S.S. Peters.

Date of Burial, Jan 11th 1883

Undertaker, Joseph B. Cook

Place of Business, 707 W. Balto St.

A. Tyler Smith M. D.,
Medical Attendant.

Address, 221 Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 63142 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Steigers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and Number.} 199 Hollins

Cause of Death, First, (Primary,) Phlegmonous Erysipelas

Second, (Immediate,) Apoplexy

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 11th 1883

Undertaker, Joseph B. Cook

Place of Business, 70 W. Balto St. *Address,* 204 N. Carrollton Ave.

John Neff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63143 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 10 1883

Date of Death, January 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Ellen Schafer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and Number.} 480 Mulberry

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 Days (Cough 4th week,

All the above information should be furnished by the Physician.

Place of Burial, Mechanicstown, Md

Date of Burial, Jan 11th 1883

W. F. C. Kunck M. D.,

Medical Attendant.

Undertaker, J Bleech

Place of Business, 707 W. Baltimore St. *Address,* 55 70 Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 681/44 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January the 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Louise Cox

Sex, ~~Male, or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 7 Rock Alley

Cause of Death, First, (Primary,) heve cold and very sadden

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemt,

Date of Burial, January 11 10

Undertaker, Mr H. Ross

Place of Business,

Geo. W. Ginsm M. D.,
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 6314 5 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 10 1883

Date of Death, Jan 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Wallis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 5 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 198 York St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Bauer

Date of Burial, Jan 10

Undertaker, N Ross

Place of Business,

Geo. H. Dixon M. D.,
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

Board of Health, City of Baltimore.

Permit No. 63146

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 10 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 10th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella V. Hubbard

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 11 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 44 Chew st

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.) Peritonitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan. 12. 1883

M. B. Billingslea M.D.,
Medical Attendant.

Undertaker, Wm H. Hackman

Place of Business, 234 N. Gay St. *Address,* 256 E. Preston st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 8 1 1 7 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie E Burbe

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 6 Front & Perkman

Cause of Death, First, (Primary,) Menin Gitis

Second, (Immediate,) Spasms.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, January 11 1883 A P Smith M. D.,

Undertaker, Jas P Byrne Medical Attendant.

Place of Business, 68 Front *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63148 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Da*

Color, Blk

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 60

Place of Death, {Give street and Number.} 3 Little St.

Cause of Death, First, (Primary,) ~~Acites~~ Hart disease

Second, (Immediate,) Acites

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, W. L.

Date of Burial. Jan 10

Undertaker, D. Merchinen

Place of Business,

H. H. P. Ellis M. D.

Medical Attendant.

Address, 313 Lee Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [ov

Board of Health, City of Baltimore,

Permit No. 6 3 1 4 9 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 11.30 A M 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Dowd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 14 S. Bond

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Italy Camp Town

Date of Burial, Jan. 10. 1883

Undertaker, H. A. Dayn

Place of Business, 74 S. Bway

James E. Donelle M. D.,
Medical Attendant.

Address, 29 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63150 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Loton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 30 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Un Known

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Un Known

Duration of Residence in the City of Baltimore, 2 Days

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Syphilitic gumma necrosis of skull and meninges

Second, (Immediate,) Asthenia

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, Jany 8/1883

Undertaker, Fred A Kirchner

Place of Business, 50 S Carollton Ave

J West M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63167 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Baker

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2045 Dallas

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Schwartz

Date of Burial, Jan 11

Undertaker, W D Jesse

Place of Business,

Geo F Dowden M. D.,

~~Medical Attendant.~~

Address, Cor of Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 6 5 1 8 2 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conrad Long

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 190½ S. Durham St.

Cause of Death, First, (Primary.) Variola

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Jan 11

Undertaker, W Dyer

Place of Business, 147 S Bond

John H Kelly M. D.,
Medical Attendant.

Address, 2433 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 63153 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 11. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Odendorf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 276 S. Amm St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Jan. 14 1883

Undertaker, Wm. Frantz

Place of Business, 535 Baltimore St.

John H. Kelly M. D.,
Medical Attendant.

Address, 243 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules of Penalties on P...

Board of Health, City of Baltimore,

Permit No. 6 3/1 6 8 4 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan December 10/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Everd

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 13 *Months,* ~~Days.~~

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 169 South Chapel st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Pr Cemet

Date of Burial, Jan 11

Undertaker, C France

Place of Business,

Thomas B Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 6375 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 11 1883

Date of Death, January 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mordaline King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 522 Canton ave

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 522 Canton ave

Cause of Death, First, (Primary,) Variola Maligna

Second, (Immediate,) .....

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial. Jan 10th 83

Undertaker, G. Frame

Place of Business, Bams & Wolfe *Address,* 33 Eutaw St.

E J Williams, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6876 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 100 S. Dundalk ave

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Variola

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 11th 83

Undertaker, C. Frame

Place of Business, Bank & Wolfe *Address,* 214 S. Dundalk ave

W. [illegible] M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

15 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Robins

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Glass Packer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 35 Covington

Cause of Death, First, (Primary.)

Second, (Immediate,) Small Pox

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Jan 11

Undertaker, B. Starle

Place of Business, 82 West st

Ellis Mitchum M. D.
Medical Attendant.

Address, 138 stay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6378 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Blumauer

Sex, Male or Female, {Cross out the word not required in this line.} ~~Fe~~ Male

Age, 71 *Years,* × *Months,* × *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Brights disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Janar 11 th 1883

Undertaker, Wm Eilau

Place of Business, 101 Gough st *Address,* ~~St~~

A Friedenwald M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6375-7

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Dunski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Pedlar

Birthplace, {State or country and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) accidental Poisoning with Corrosive sublimate

Second, (Immediate,) Gastro intestinal inflammation

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial Oheb Shalom Cemetery

Date of Burial, January 11th 1883

Undertaker, Wm Elsen

Place of Business, 181 Gough St

A Freudenwald M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6 8 1 6 0 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 10/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. E. Sunderland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 425 Alice Anna St.

Cause of Death, First, (Primary,) Congestion of the lungs

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Jan 11

Undertaker, J. Sanders

Place of Business,

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 63161 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Imogene Fuller Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 10 St Paul St.

Cause of Death, First, (Primary,) Cerebral

Second, (Immediate,) Convulsions

Duration of Last Sickness, Day or two

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Jany 11. 1903

H. Schaffer, M. D.,
Medical Attendant.

Undertaker, H. Lauden Son

Place of Business, 202 Caroline St. Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the circumstances under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

8

Board of Health, City of Baltimore,

Permit No. 63162 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan: 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm B. Canfield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} East Haddam - Connecticut

Duration of Residence in the City of Baltimore, Since 1834

Place of Death, {Give street and number.} 246 N. Edwards Street

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Asthenia

Duration of Last Sickness, About 12 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 13th 1883

Undertaker, Wm Jackson & Son

Place of Business, 45 N Charles

D H Wilson M. D.
Medical Attendant.

Address 146 Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of ...

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pandora Ann Patterson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~*Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 257 N Charles St

Cause of Death, First (Primary,) Disease of Kidneys

Second (Immediate,)

Duration of Last Sickness, Chronic

All the above Information should be furnished by the Physician.

Place of Burial, Sykesville Md

Date of Burial, Friday Jan 12th 1883

Undertaker, Hellenstein Bros

Place of Business, 95 N Char St

F. T. Miles M. D.
Medical Attendant.

Address 28 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63164 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~John Dreher~~ Jan. 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dreher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and Number.} 21 Moyer St.

Cause of Death, First, (Primary,) Typhoid Fever he could not be kept in the

Second, (Immediate,) Doubtless from Exposure. House

Duration of Last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 11 83

Undertaker, Fry & Sis

Place of Business, 914 Broadway

E. P. Irons M. D.,
Medical Attendant.

Address, 373 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 13165 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 11 1883

Date of Death, January 9 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Weiss

~~*Sex*~~, *Male* ~~*or Female*~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 11 *Months,* ~~*Days.*~~

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 14 Hampstead St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, 11 of Jan 1883

Undertaker, Geo. Wehrmann

Place of Business, 1711 Eden St

H Fletcher M. D.
Medical Attendant.

Address, 245 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63166 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 11 1883

Date of Death, Jany 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha A. Thompson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 *Years,* 9 *Months,* 27 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Dying

Place of Death, { Give street and Number. } 2908 E. Lanvale

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 11 1883

Undertaker, Chas E Lee

Place of Business, 26 E Eager

Oct Cooke *M. D.,*
Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blank on Page

Board of Health, City of Baltimore,

Permit No. 63167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Miranda Green

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, Black

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Co

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 35 Little Monument St

Cause of Death, {First (Primary,) Probable Embolism in Left Middle Cerebral Artery

{Second (Immediate,) Hemiplegia right side

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Lake Evard Cem

Date of Burial, Jany 14th 1883

Undertaker, J. H. Crane

Place of Business, 1st & Canal

W. T. Kopp M.D.
Medical Attendant.

Address, 205 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6316 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 11 1883

CERTIFICATE OF DEATH.

Date of Death, January 9, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington Woodland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Negro

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co., Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Morris alley, Ct.

Cause of death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of Last Sickness, 3 years & 1?

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Jan. 12th 1883

Undertaker, Saml. H. Chase

Place of Business, [illegible]

O. Edw. Janney M. D.,
Medical Attendant.

Address, 242 W. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63169 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 10 1883

Date of Death, 8th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm C. Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* 6 *Months,* 20 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co Md.

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} 317 S. Howard St

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate,) Typhoid and Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jany 10th 1883

Undertaker, Geo. W. Perkins

Place of Business, 130 Henrietta st *Address,* 146 Hill St

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 63170 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 11 1883

Date of Death, Jan 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J Carlisle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 29 Booth St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 11

Undertaker, J B Cook

Place of Business,

Geo. R. Dimm M. D.,

Medical Attendant.

Address, 29 Booth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

19 **Board of Health, City of Baltimore**

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 63171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 10, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Isabella Emma Hodgson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, Thirty two (32) *Years,* Eleven (11) *Months,* three (3) *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co. Md.

Duration of Residence in the City of Baltimore, Thirty one years (31)

Place of Death, {Give street and number.} 913 N Gilmor St. Balto. Md

Cause of Death, {First (Primary,) Septicaemia " ten days after
Second (Immediate,) Labor (Confinement, 1 day)

Duration of Last Sickness, Ten days (10)

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Jan 13/83

Wm McVickers M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 E Balto St

Address Arlington & Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting fo as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person decea and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

Board of Health, City of Baltimore,

Permit No. 63172 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 11 1883

CERTIFICATE OF DEATH.

Date of Death, January 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann M Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 18 Addison st

Cause of Death, First, (Primary.)

Second, (Immediate.) Heart Disease 3 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cem. Phila R'd.

Date of Burial, Jan 12/83

Alexander Tenley M. D., Medical Attendant

Undertaker, J. B. Cook

Place of Business, 709 W Balto St *Address,* Conn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63773 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1893

CERTIFICATE OF DEATH.

Date of Death, January 9. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Ridgely

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Home Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Point Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 386 McHenry st

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, January 10 1883

Undertaker, Philip A. Deuce

Place of Business, 62 East Lee

Alexander Tinsley M. D., Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death,-except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63174 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 11 1883

Date of Death, Jan 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Byrd

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 46 Burgundy alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Tubercle Pt

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ntr

Date of Burial, Jan 11

Undertaker, F Kirchner

Place of Business,

Geo W Dixon M. D.,

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63175 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 11 1883 BALTIMORE

Date of Death, Jan 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Fowler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} f

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 3 Spruce alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Straylhouse

Date of Burial, Jan 11

Undertaker, J. France

Place of Business,

Geo. H. Dixon M. D.,
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63176 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 11 1893 BALTIMORE

Date of Death, Jan 11. 93.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Louis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45. *Years,* *Months,* *Days,*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and Number.} 521 Light St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Centen

Date of Burial, January 11

Undertaker, B Harle

Place of Business, ~~Nell St~~ 22

Louis B. Loos M. D.,
Medical Attendant.

Address, cor Mulberry & Mycolt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 11 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 11 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Robbins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 28 *Years,* — *Months,* — *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Worcester County Md

Duration of Residence in the City of Baltimore, Abt 14 Years

Place of Death, {Give street and number} 210 178 S. Dallis St

Cause of Death First, (Primary,) Small-pox

Second, (Immediate,) Abt Ten days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Lauras Cem.

Date of Burial, Jan 13 84

Undertaker, W. Dippel

Place of Business, S. Bond st. 152

Address, 162 Bond St

A. J. Gue M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY AND CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

4

Board of Health, City of Baltimore,

Permit No. 63176

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 11 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 7 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. A. Murray

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 66 N. Front St.

Cause of Death, First (Primary,)

Second (Immediate,) 3 Dip Throat

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt.

Date of Burial, Jan 11

C. H. Hollifield M. D.
Medical Attendant.

Undertaker, J. F. Byrnes

Place of Business, *Address* 71 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person dead, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63179 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Eckhoff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 35 E Fayette

Place of Death, {Give street and Number.} 35 E Fayette

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Premature Birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Jan 12

Undertaker, J P Bysmo

Place of Business, ...

Geo. W. Emerick M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65180 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1889

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Bachmann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} W. 178 Conway st.

Cause of Death, First, (Primary,) Variola Confluent

Second, (Immediate,) Spasms

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 14

Undertaker, H Ross

Place of Business,

E. L. Buddenhohn M. D.,
Medical Attendant.

Address, 166 N. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63181 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, W

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Glassblower

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lewistown Del.

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and Number.} 177 Lee

Cause of Death, First, (Primary,)

Second, (Immediate,) Meningitis Cerebral

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, New Jersey

Date of Burial, June 13th 1883

Undertaker, Julius Koehler

Place of Business, Sharp & Fayette Sts. *Address,* 154 Sharp

A Gillespie M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6 3 / 8 2 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie May Rideout

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, Two Years, Three Months, Days.

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Two years & 3 mos

Place of Death, { Give street and Number. } #27 Orchard Street.

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,) Apnoea.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, January 12 83

Undertaker, Robt Gundry

Place of Business, 116 orchard St

Robt. T. Wilson M. D.,
Medical Attendant.

Address, #746 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63183

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Dreenan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Three *Months,* *Days.*

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 17 Little Pine St

Cause of Death, First (Primary,) Marasmus,

Second (Immediate,) Eight Years

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, January 12th 83

Undertaker, A. J. Hensley

Place of Business, 116 Orchard & 120 Frem

Edmund R. Price M. D.
Medical Attendant.

Address 199 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63184 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Mayer Engstrum

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 14 *Years,* 6 *Months,* *Days,*

Color, Colrd

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 419 Abbott St

Cause of Death, First, (Primary,) Febris Intermittens

Second, (Immediate,) Asthenia

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 13th January

Undertaker, Adam Fink

Place of Business, 461 Pratt St

W. S. Bauer M. D.,
Medical Attendant.

Address, 501 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63185 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil. Jos. McCormick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Green & produce dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 202 Hanford ave

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 13th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount ave *Address,*

Jno. Brooke Boyle M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63186 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 12 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Carter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 257 Cross St

Cause of Death, First, (Primary,) Pneumonia,

Second, (Immediate,) "

Duration of Last Sickness, 17 days,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, January 12

Undertaker, H Ross

Place of Business, 95 Lombard St

Dr. Abell M. D.,
Medical Attendant.

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 68187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arietta Sarah Ann Davis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* Nine *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 6 Wayne ave

Cause of Death, First, (Primary,) /

Second, (Immediate,) Pulmonary Tuberculosis

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12

W. C. Sandrock M. D.
Medical Attendant.

Undertaker, H & Co Sr

Place of Business, 15 Conway St

Address, 227 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

17

Board of Health, City of Baltimore,

Permit No. 63188

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, January 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Herbert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Married Woman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give street and number.} # 68 Gaudmans Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 2 or 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan'y 13

Undertaker, H Ross

Place of Business, Bloomy St

E. Lee Beck M.D.,

~~Medical Attendant.~~ Coroner 5th Dist

Address, 161 S. Stiles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6318 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, 11th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Johns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and Number.} 24 Winters St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Prostration

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Shaft's

Date of Burial, Jany 12

Undertaker, H Ross

Place of Business,

I. D. Dyer M. D.,

Medical Attendant.

Address, 146, Hill St.

I. D. DYER M.D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 17

Permit No. 63190 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 11 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Mariner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penn.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 27 Cross

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, 2 mts

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jany 12

Undertaker, B. Harle.

Place of Business, West St 82

R. A. P. Ellis M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

19 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11, '93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Lee Lafferty

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* 7 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 19 S. Calhoun Baltimore Md

Duration of Residence in the City of Baltimore, Since it Drifts

Place of Death, {Give street and number} 19 S Calhoun St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) congestion of the brain 2 days

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Jan 13th 1893

W= A. Jones M. D.
Medical Attendant.

Undertaker, Jas B Cook

Place of Business, No 707 W Baltimore Street *Address,* 826 Hollins st. city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63192 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan Dec 12, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Covey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 1 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 518 Fulton Av

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Laryngitis

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial. Jan. 12/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 319 N Fallis

James Boley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6319 3 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1. 11. 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } R. H. Angus

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 7 2 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Storekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Connecticut

Duration of Residence in the City of Baltimore, 10 or more years

Place of Death, { Give street and Number. } 897 Lexington St

Cause of Death, First, (Primary,) Inflam'd Pneumonia

Second, (Immediate,) 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan 13/83

Undertaker, J. B. Cook

Place of Business, 79, W. Balto St

F. M. Eastman M. D.,
Medical Attendant.

Address, 349

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

19

Board of Health, City of Baltimore,

Permit No. 63194

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan D. Riddle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 1884 N. Baltimore St

Cause of Death, First, (Primary.)

Second, (Immediate.) Senile Gangrene

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Muir Kirk Prince Geo Co by R. R.

Date of Burial, Jan. 12/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 203 N. Eutaw St

Pembroke W. Hardee *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63196 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 12 1883

Date of Death, Jany 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Phelps

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 13 — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 183. Conway St

Cause of Death, First, (Primary,) Small-pox

Second, (Immediate,)

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Jan 13th 1883

Undertaker, J H Wachen

Place of Business,

Saml A Henry M. D.,
Medical Attendant.

Address, 160. N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6516 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie L. Richardson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 112 Randall St

Cause of Death, First, (Primary,)

Second, (Immediate,) Whooping Cough

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial. Jan 12

Undertaker, B Hartle

Place of Business,

Hinton Cooke M. D.,
Medical Attendant.

Address, 416 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6379 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hooper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 340 N. Broadway

Cause of Death, First, (Primary,)

Second, (Immediate,) Dentition

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jany 12/83

Undertaker, J. T. Rodenmayer

Place of Business, 192 N. Bond *Address,*

Jno. Foote Bayle M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63196 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Poulson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md a

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 186 West Lr

Cause of Death, First, (Primary,)

Second, (Immediate,) Smallpox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Charles Lr

Date of Burial, Jan 12

Undertaker, J. J. Ross

Place of Business,

Geo. W. Dixon M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63199 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kaufer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} 58 S Durham

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 13th 83

Undertaker, G. Kranz

Place of Business, Bank & York

James E. Donnelly M. D., Medical Attendant.

Address, 199 E Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6822 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 11-83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa C. Naspel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 4 *Years,* 5 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 99. N. Chapsell st.

Cause of Death, First, (Primary,) confluent variola

Second, (Immediate,)

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 11th 83

Undertaker, A. Frame

Place of Business, Bonk & Wolf

P. G. Daush M. D., Medical Attendant.

Address, 3. N. B'way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1

Board of Health, City of Baltimore,

Permit No. 6320

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lenard Linn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bath Co.

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 15 Fountain St

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Comfort

Date of Burial, Jan 12th 93

Undertaker, G. Finance

Place of Business, Bonds & Wilt

Geo Barkman M.D.,
Medical Attendant.

Address, Fairmount Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever ~~any~~ person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63202 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 12 1883

Date of Death, Jan 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Horst

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 38 Duncan

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) .....

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y

Date of Burial, Jan 13th

Undertaker, C. Schaub

Place of Business, 395 Aliceanna

..... M. D.,
Medical Attendant.

Address, 992 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63203 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, All year

Place of Death, {Give street and Number.} 16 Jew Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, E.O.

Date of Burial, Jan'y 12

Undertaker, M. Coleman

Place of Business,

J. C. Conroy M. D.,

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63104 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 11th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rink

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* 7 *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and Number.} # 70 Lancaster

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 12 1883

Undertaker, John Kennedy

Place of Business, 882 Calvert St

John H. Kehlmyer M. D., Medical Attendant.

Address, 243 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63206 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Carroll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} St. Joseph's Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Ptl

Date of Burial, Jan 12

Undertaker, M. Coleman

Place of Business,

S. O. Gladman M. D.,
Medical Attendant.

Address, 346 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63206 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 12 1883 CITY

CERTIFICATE OF DEATH.

Date of Death, 12th January 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Therese Rauback.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and Number.} S. Wolfe St. 14.

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of Last Sickness, 7. days

All the above information should be furnished by the Physician.

Place of Burial, Old Lutheran Cemetery

Date of Burial, Jan. 31st 1883

William Henkel M. D.,
Medical Attendant.

Undertaker, Andrew Keller

Place of Business, 244 E. Fayette *Address,* S. Wolfe St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63207 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1933 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 716 Clarkson Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. L.

Date of Burial, Jan 10

Undertaker, F Kerdiner

Place of Business,

Geo. W. Dinsdale M. D.,

~~Medical Attendant~~

Address, 1211 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63208 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 6 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 443 E. Baltimore St

Cause of Death, First, (Primary,) Wound in hand, caused by toy-pistol

Second, (Immediate,) Tetanus

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Jan. 14. '83

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Chas O. Shaw M. D., Medical Attendant.

Address, 811 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63209 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 13 1883

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ... *Address,* .....

..... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63210 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11. 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Guthrie Weigel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 29 S. Collington Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Jan 13. 83

Undertaker, M. A. Dayer

Place of Business, 74 S. Bway

G. H. Cook M. D.,
Medical Attendant.

Address, Balt. & Bal. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65211 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Parr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 62 E Stockholm Home 62 Stockholm

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) ..

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, West Baltimore Park Cem

Date of Burial, Jany 12/83

Undertaker, R. A. Kershaw

Place of Business,

Geo. W. Edmonson M. D.,
Medical Attendant.

Address, Corner of Stockholm

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, January 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Newell Simmons

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Nov 1882

Place of Death, {Give street and number} 30 Hillen

Cause of Death First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt.

Date of Burial, January 12, 1883

Dr. [illegible] M. D.
Medical Attendant.

Undertaker, John J. Ethel

Place of Business, *Address,* 21 W. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 05213 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F. Allen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter & Restaurant Worker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Dessim Life

Place of Death, {Give street and Number.} 24 St Mary St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 12th 1883

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63214 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, January 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Angeline Rose Loiresa Cibuto

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 6 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 5 Plowman

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 18 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Vincents

Date of Burial, January 12th 83

D. M. Entrekin M. D.,

Medical Attendant.

Undertaker, Jas C Byrne

Place of Business, 63 Fronth Address, 2 N Bowley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza M. Chatard.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Island of Martinique 60 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 114 Park ave.

Cause of Death {First, (Primary,) old age;

{Second, (Immediate,) Failure vital powers.

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, 13th " Jany 1883

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St.

F. E. Chatard M. D.
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6326 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnanna Osenbrook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 276 S Ann St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Bacro

Date of Burial, Jan 12

Undertaker, W Dispeel

Place of Business, ...

John H Redden M. D.,
Medical Attendant.

Address, 2463 Lee [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

63217

Missing

Th[illegible] Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63218 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 48 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and Number.} 43 Pedch alley

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Exhaustion and coma

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer

Date of Burial, Jany 12 1883

Undertaker, Saml McKee

Place of Business, 19 S Howard St

L. D. Dyer M. D., Medical Attendant.

Address, 146 Hill St

L. DUDLEY DYER, M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Table of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63219 *Office of Registrar of Vital Statistics.* Ward 1895

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Kelley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 91 *Years,* *Months,* *Days,*

Color,

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 91 years

Place of Death, {Give street and Number.} N 139 Chesnut St

Cause of Death, First, (Primary,) old Age

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 14-1883

Undertaker, Wm H Hackman

Place of Business, 234 N Gay St

Daniel Powell M. D.,
Medical Attendant.

Address, N 29 Chesnut St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68220 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 12 1883

Date of Death, Jan 11th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lautenberger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} German

Duration of Residence in the City of Baltimore, Forty years.

Place of Death, {Give street and Number.} # 262 S Bond St.

Cause of Death, First, (Primary,) General Dropsy

Second, (Immediate,)

Duration of Last Sickness, one and half years

All the above information should be furnished by the Physician.

Place of Burial, E L

Date of Burial, Jan 14

Undertaker, W J Coleman

Place of Business,

John H Kehlinger M. D.,
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Questions below, and to Rules on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65221 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Quinn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 3485 Sharp st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Jan 12

Undertaker, H J Breele

Place of Business,

Geo. F. Dixon M. D.,
~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63922 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Nolte

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, two *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} W. 46 Thames st

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Small Pox

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan'y 12th 1883

Undertaker, Wm Nicolaus

Place of Business, 258 Aisquith

L O Brockett M. D.,
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1

Board of Health, City of Baltimore,

Permit No. 63223

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 12 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Wm. Hendricks

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } M

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 615 S Burke St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan. 14th 1883

Sr. Gerhardt Lueth M.D.,
Medical Attendant.

Undertaker, William Nicolaus

Place of Business, 258 Alice Ave. *Address,* 128 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63224 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 13 1883

Date of Death, January 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Logan Mason

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Organ grinder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Genoa Italy

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and Number.} 61 President St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Two or three days or longer

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem'y

Date of Burial, Jany 15/83

Undertaker, Frank P. Byrne

Place of Business, Address, 5 Fountain

Thos Mason M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63225 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 13 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Son

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, { Give street and Number. } 24 S Eden

Cause of Death, First, (Primary,) Scarlet

Second, (Immediate,) Fever

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 13th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 269 Canton Ave

M. D.,

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63226 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Long

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty-six *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} California

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} No. 44 Bloom st.

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Thrombosis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Bal'o

Date of Burial, Jan. 15 1894

Undertaker, Mr Lloyd Scriver

Place of Business,

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63927 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 12th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Shafer

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 194 Franklin

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 13th 1883

Undertaker, Wm. Weaver

Place of Business, 202 N. Eutaw St

H. Mellis *M. D.,* Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63228 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1883

CERTIFICATE OF DEATH.

Date of Death, Janu. 12. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Stafford McElroy

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 3 *Years,* 11 *Months,* — *Days,*

Color, wht

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and Number.} 158 Linden ave

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Dallas Cemetery

Date of Burial, Jan. 13th 1883

Undertaker, Wm. Keyser

Place of Business, #202 N. Eutaw

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 219 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63289 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 13 1883

CERTIFICATE OF DEATH.

Date of Death, January 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Kammeke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 301 Aliceanna St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Jan 13 1883

Undertaker, Geo Lemmon Son

Place of Business, 232 Canton Av

D W Cathell *M. D.,* Medical Attendant.

Address, 2 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2.- *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63230 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert H. Holthaus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* / *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6 N. Durham

Cause of Death, First, (Primary,) Congestion of Lungs & Brain

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Jan 13th 1883

Undertaker, H. C. Sander

Place of Business, 252 Canton Av

J. H. Levenberg M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63231 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 12/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jac. Dundorf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt-

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 4 Portugal court

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, 1st Evangelic Cem

Date of Burial, January 13th 1883

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, H. Sanderson

Place of Business, 252 Canton Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6

Board of Health, City of Baltimore,

Permit No. 63232

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11 January 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Müller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* 6 *Months,* 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 86 N. Spring St.

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.)

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Sunday 14th Jan 2 Oclock

E. Hoffmeier M.D.,
Medical Attendant.

Undertaker, Mr Roessing

Place of Business, No 125 Orleans St. *Address,* 57 Augusta

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63133 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Isabel Dixon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, thirty four *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N 339 E Jefferson St

Cause of death, First, (Primary,) Nephritis with Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, January 15th 1883

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Walter Wade M. D.,
Medical Attendant.

Address, 1st South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63934 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Kate Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 15 Parsh alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 13

Undertaker, W M Dungee

Place of Business,

Chas W Brown M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 63236

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11th Jan 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria W. Kindford

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Cd

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number.} 59 Arch St

Cause of Death, First, (Primary.) Apoplexy. Was found comatose in bed room & remained so until death.

Second, (Immediate.)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jany 14th 1883

Undertaker, Wm. C. Kirchner

Place of Business, 68 Fayette

Medical Attendant.

Address, 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63236 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th "83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie L. Chesney

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } "

Age, 21 *Years,* 9 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } "

Occupation, "

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } No 90 East Fayette St

Cause of Death, First, (Primary,) Pleumatism

Second, (Immediate,) Valvular disease of the Heart

Duration of Last Sickness, 2 months and a half

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Jan 14th 1883

Undertaker, J. A. McElroy Bro

Place of Business, 27 W. Fayette St

Edward A. Davis M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63237 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cornelius Woodland

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 81 *Years,* *Months,* *Days.*

Color, Negro

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } St. Mary Lea, Md.

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, { Give street and number. } 35 Green Willow St.,

Cause of death, First, (Primary,)

Second, (Immediate,) Old age.

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 14 88

Undertaker, Robt Hemsley

Place of Business, 116 S Eutaw St

D. Edw. Janney M. D.,
Medical Attendant.

Address, 242 W. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 10 of Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63238 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Imogene Chesteri

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 2 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 118 N Eden St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial. Jan 13

Undertaker S J Parks

Place of Business,

Geo. H. Lamb M. D.,

Medical ~~Attendant~~.

Address, Cor of Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63239 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis A. H Boyd

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 61 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Queen Anne's Co. Md

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, { Give street and Number. } 79 Fairmount Ave

Cause of Death,
First, (Primary,)
Second, (Immediate,)

Duration of Last Sickness, Unable to state any facts as she was moribund when seen.

All the above information should be furnished by the Physician.

Place of Burial Annapolis

Date of Burial. Jan 14 83

Undertaker, Fry & Son

Place of Business 417 N Gay Street

G. G. Rinck M. D., Medical Attendant.

Address, Balt. & Gas. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 3 2 4 0 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Fecker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 522 S. Bethel St.

Cause of Death, First, (Primary,) Variola confluens

Second, (Immediate,) Laryngitis

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, St Lawrence Cy

Date of Burial. 13. Jany 83

Undertaker, Rau & Barthell

Place of Business, Balto & Gay Sts

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt. & Wash. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 632411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Casserly

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 2 Woodyear St

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,) Exhaustion

Duration of last Sickness, Infr 4 Wks

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sunday Jan 14th 82

Undertaker, Matthews Cudgeon

Place of Business, 227 Mulberry St

Frank J. Flannery M. D
Medical Attendant.

Address, Cor Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13242 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. B. Standiford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 about *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 122 N. Front

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, Jan 14th 1883

Undertaker, Joseph F. Byrne

Place of Business, 59 N. Liberty St

Geo. B. Reynolds M. D.,
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63241 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Desman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 19 Mullikin

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E R

Date of Burial, Jan 13

Undertaker, W Coleman

Place of Business,

Wm T Dunn M. D.,
Medical Attendant.

Address, City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6821/14 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 9/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Gardner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days,*

Color, cd

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 350 West St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, N. P. Cemetery

Date of Burial, Jany 10/83

Undertaker, Kerchner

Place of Business,

Geo. H. Green M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Penalty not over

Board of Health, City of Baltimore,

Permit No. 63245 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 10/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days,*

Color, cd

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 235 S. Eutaw

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, N. P. Cemetery

Date of Burial, Jany 10/83

Undertaker, Kerchner

Place of Business,

Chas. F. Smith M. D.,
~~Medical Attendant~~

Address, 235 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown

Board of Health, City of Baltimore,

Permit No. 6324/6 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 9/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Willis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* ~ *Months,* ~ *Days,*

Color, cd

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 87 E. Montgomery St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, N.E. Cemetery

Date of Burial. Jany 9/83

Undertaker, Kerchner

Place of Business,

Geo W. Jones M. D.,
Medical Attendant.

Address, Cor Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo E Brown

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63247 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th January 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kathy Saminska

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} S. Washington Av 213

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 13th 83

Undertaker, G. Kramer

Place of Business, Bonn & Wolf

William Hensel M. D.,
Medical Attendant.

Address, S. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Inspector is desired to be invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63248 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 13

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha Lentz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 715 Wolfe St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Strathmore

Date of Burial, Jan 15 13

Undertaker, G. Lance

Place of Business,

Geo. W. Dunn M. D.,

Medical Attendant.

Address City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians [illegible] lly Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63249 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Bishop

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 71 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boston, Mass

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 85 Patterson Park Avenue

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Asthenia, &c.

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem

Date of Burial, Jan 16. 1883

Undertaker, H. A. Dayer

Place of Business, 74 S. Bway

D. W. C. attitt M. D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Boa[illegible]ealth, City of Baltimore, 16

Permit No. 63250 *Office of Registrar of Vital Statistics.* Ward ~~190~~

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12/13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. A. Ruf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 4 *Months,* ..... *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balti. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 130 S. Fremont St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Three (3) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Jan 14th

H. L. Shriver M. D.,

Medical Attendant.

Undertaker, H. C. Widefield

Place of Business, 90 Greenmount Av. *Address,* 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...marks below, and to List of Diseases on back of this Certificate.

16

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nannie Elizabeth Dabbs

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 10 *Months,* —— *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 2 yr 10 mo

Place of Death, {Give street and number.} 84 Dover St

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jany 13 th 1883

Undertaker, Wm M. McAdam

Place of Business, 46 East St

T. Edmund Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 63262 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 13th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Adams

~~Sex, Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, House-Keeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 168 S. Howard St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Cerebral-Congestion

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Jan 15

Undertaker, H J Ross

Place of Business,

L. A. Dyer M. D.,
Medical Attendant.

Address, 146, Hill St.

L. MOYER M.D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of [redacted] Baltimore,

Permit No. 63233 *Office of* [redacted] *ital Statistics.* Ward 5

The Physician who attended any person in a last illness, [redacted] responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Johanna M. Sauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years.* Six *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and Number.} 105 N. Central Avenue

Cause of Death, First, (Primary,) Gastro Enteritis

Second, (Immediate,) Convulsions

Duration of Last Sickness, six Days

All the above information should be furnished by the Physician.

Place of Burial [redacted] Alphonsus Ch

Date of Burial, Jan 13th 83

Undertaker, M. Frank

Place of Business, 33 Bank St

Francis A. Sauer M. D.,
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

No. 1

Board of Health, City of Baltimore,

Permit No. 63257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan - 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Myers,

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No - 104. S. Wolfe. st

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Fir - 5 days.

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Prot. Burial

Date of Burial, Jan. 14 - 1883

Undertaker, Oehnders Son

Place of Business, 232 Canton Ave

J. T. Lake M. D.
Medical Attendant.

Address, 235. Lough. st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63265 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Davison

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 143 West Oliver

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, January 14 1883

Undertaker, Geo. W. McCormick & Co.

Place of Business, 43 Penrman St. *Address,*

Geo. E. Lynch *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible] on Back of this Certificate.

17

Board of Health, City of Baltimore,

Permit No. 63256

Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rigdon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 88 *Years,* 1 *Months,* 22 *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Northern Con

Duration of Residence in the City of Baltimore, 75 Years

Place of Death, {Give street and Number.} 324 William St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) exhaustion

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 14/83

Undertaker, Cunningham

Place of Business, 263 Eight

Leonard Corbin M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the ... this Certificate.

Board of Health, City of Baltimore,

Permit No. 63267 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Brison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tinner & Gas Fitter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 62 Bank St.

Cause of Death, First, (Primary,) Phlegmonous Erysipelas

Second, (Immediate,) Suffocation

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Jan 14, 1883

H. Connolly M. D.,
Medical Attendant.

Undertaker, H & R Bunker

Place of Business, 266 N Bond *Address,* Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 13 1883 (Kunkle

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith M Kunker

Sex, ~~Male or Female,~~ {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 16 Jackson

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Evgl. Lutheran Druid Hill

Date of Burial, Jan 14th 1883.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

Clark Kneass, M. D.
Medical Attendant.

Address, 554 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63259 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Madden

~~Sex,~~ *Male or Female,* {Cross out the word not required in this line.} Male

Age, 59 *Years,* — *Months,* — *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Twenty Years.

Place of Death, {Give street and Number.} 344 McHenry near Fulton

Cause of Death, First, (Primary,) Cerebral Orbitis

Second, (Immediate,) Cystitis from enlarged Prostate

Duration of Last Sickness, Two weeks last.

All the above Information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Jan 14th 1893

Undertaker, Jos B Cook

Place of Business No 717 N Baltimore Street

Truman F Hill M. D.,
Medical Attendant.

Address, 140 Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 63260

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

20 Board of Health, City of Baltimore,

Permit No. 63260

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1883 11.30 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Baums Ware

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ——— ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Towsontown Balto Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 418 N Carey

Cause of Death {First, (Primary,) Diptheria

{Second, (Immediate,) Asthenia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Camp Chapel Balto Co 15 miles on the Rail

Date of Burial, Jany 13/83

Undertaker, John Burns

Place of Business, Towsontown

P. J. Field M. D.
Medical Attendant.

Address, 517 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible]sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

Permit No. 6526

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 13 1

Date of Death, Jan 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Decker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and Number.} 84 Harrison

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 13th 1883

Undertaker, Th. Devereux

Place of Business, 35 S. Eutaw *Address,*

A. K. Smoot M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63262 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 11. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Knoeline

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days,*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Rhila Rd

Cause of Death, First, (Primary.)

Second, (Immediate,) Diftheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Jan 12

Undertaker, Brance

Place of Business,

Geo H. Dellm M.D.,
Medical Attendant

Address, Cor of Neuth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

For special Attention of Physicians to Items [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63263. *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th, 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 1 *Months,* 24 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Whip Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany — 10 years

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 247 S. Charles St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) ——

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Jan 14th

Undertaker, E. N. Small

Place of Business, 131 Hanover

Geo. H. Steiner M.D., Medical Attendant.

Address, 220 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physician is respectfully invited to ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63264 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elena Riley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 40 Ramsay St.

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 14

Undertaker, H Dunger

Place of Business, ...

Geo. W. Dunscomb M. D.,
Medical Attendant.

Address, 80 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63265 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Peeshel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 7 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} #40 Philpot St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery.

Date of Burial, Jan'y 14th 1883

Geo. F. Dixon, M. D.,
Medical Attendant.

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann, *Address,* Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Dr. L. Fitzpatrick

[over.]

Board of Health, City of Baltimore,

Permit No. 63266 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 14 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Robert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} 216, S. Bethel St.

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Convulsions, Paralysis.

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 14th 1883

Undertaker, Leonhard Feuss

Place of Business, 27. S. Bond St.

A. V. Gosweiler M. D.,
Medical Attendant.

Address, 253, Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible] of this Card.

Board of Health, City of Baltimore,

Permit No. 6326 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 11 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 25 E Montgomery St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Eastern Ave

Date of Burial, Jan 14 1883

Undertaker, B Hebron

Place of Business, 19 Hanover St

H. P. Ellis M. D.,
Medical Attendant.

Address, 23 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63268 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours*, after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Langley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 2 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 493 East Av

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 14th 1883

Undertaker, Denny & Mitchell

Place of Business, 61 & Broadway

C. W. Mansfield M. D.,
Medical Attendant.

Address, 47 & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 6326

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronica Schamagl

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twelve Years.

Place of Death, {Give street and number.} 12 N. Schroeder st.

Cause of Death, First, (Primary.) Scarlet Fever.

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, Eight Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Jan. 15 th 1883

C. Meinhof *M.D.,*

Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N Gay St *Address,* 427 W. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65270 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. JAN 14 1883

CERTIFICATE OF DEATH

Date of Death, Jany. 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rosenkaci

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* ..... *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, 7 ..... Years

Place of Death, {Give street and Number.} 3 Shakspeare

Cause of Death, First, (Primary,) Pericarditis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 days - visited first by myself on Saturday

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, 14th

Undertaker, W Lippel

Place of Business, 151 S Bond

D L Sullivan M. D.,
Medical Attendant.

Address, 717 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 63271 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED JAN 14 1883 REGISTRAR'S OFFICE BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th, 882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Helen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} * 265 Alice Anna St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Thirteen Days

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Jan 14 th

Undertaker, M. Seppel

Place of Business, 151 & 153 Bond

John H Kehlenbeck M. D., Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6272

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 14 1883
BALTIMORE, MD.

Date of Death, Jany. 12. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matthias Schuh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... Years, 17 Months, ... Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No. Elderly St. Extended No 305-

Cause of Death, First, (Primary,) Inflam. Brain

Second, (Immediate.) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem.

Date of Burial. Jan. 13 84

Undertaker, H. Diffel

Place of Business, S. Pratt St. 157

J. Holtenberg. M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63272 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 13 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fredk. Kellermann

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 801 N. Eldersley St. ext.

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) and Weakness

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 14 1883

Undertaker, John Hennig

Place of Business, 382 Orleans St

H. L. Kuck M. D., Medical Attendant

Address, 392 E. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63274 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of Law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, January 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Vogt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and Number.} 7 St Peter St

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, 3 Month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 15 - 1883

Undertaker, F. T. Kümmett

Place of Business, 317 Mulberry St

Rowe (in Pencil) M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6375 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Friener.

Sex, Male or Female, { Cross out the word not required in this line. } F.

Age, ... *Years,* 10 *Months,* 9 *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 23 Union St

Duration of Residence in the City of Baltimore, During life.

Place of Death, { Give street and Number. } 23 Union St.

Cause of Death, First, (Primary,) Capillary Bronchitis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial. Jan 14 - 1883

Undertaker, F. Kümmert

Place of Business, 31 Hillen

D. Rickert M. D.
Medical Attendant.

Address, 530 Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

19

Permit No. 6319

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JAN 14 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 13 Jan. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Estelle Rahm.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* Two *Months,* Five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Her Life

Place of Death, {Give street and number.} No. 177 Pressman St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Asphyxia

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, David Hill Park

Date of Burial, Jan 15th

Undertaker, H. Rohde

Place of Business, #48 Penn. av.

Charles A. Geiger *M.D.,*
Medical Attendant.

Address, No. 165 Aisquith Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63277 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gardner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* — *Months,* — *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 2 N. Mc Alester's Court

Cause of Death, First, (Primary,) Bronchitis Capillary

Second, (Immediate,) Circulation.

Duration of Last Sickness, a few moments

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 15th 83

Undertaker, J. J. Ecker

Place of Business, 73 Jefferson

John Monroe M. D., Medical Attendant.

Address, 238 E Monument

E. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6527 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 13th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Cannon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Charles Co Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 128 Vine

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial. Laurel Md

Date of Burial. January 14

Undertaker. J. J. Lucas

Place of Business, 73 Eutaw *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6329 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13-83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Dreyer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 4 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 289 Orleans st

Cause of Death, First, (Primary,) malignant Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 15-83

Undertaker, C. Eckhardt

Place of Business, 269 Canton Av. *Address,* 3 N. B'way,

P. G. Daniel *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

15-Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 12. 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Jales

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 2 Griddle court

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Jany 13th 1883

W. C. Sandrock M. D
Medical Attendant.

Undertaker, Geo Ehrs & Bro

Place of Business, 139 Hanover st *Address,* 227 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 63284 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT
JAN 14 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J A McConnas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 8 *Months,* 7 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his Life

Place of Death, {Give street and number.} 1046 N Exeter st

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption Colliquative Diarhea

Duration of Last Sickness, For 6 or 8 Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 16th 1883

Undertaker, Peter Lake

Place of Business, 166 Saratoga st

J Ridgway Andre M. D.,
Medical Attendant.

Address, 121 E Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63282 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 14 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Brady

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 3 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 3 Ray Ct

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 15

Undertaker, J. Ross

Place of Business,

Geo. H. Dunston M. D.,
Medical Attendant.

Address, Corner Eden & Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68283 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 11, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 57 W Vincent Alley

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial Jan 14 1883

Undertaker, William Aberger

Place of Business, No 62 East St

James Bond M. D.,
Medical Attendant.

Address, 311 Hillen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63284 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 14 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, January 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Brice

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Four *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 88 Stirling Street

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial Loudon County

Date of Burial Jan 14th

Undertaker, Chas A White

Place of Business, 85 Gay St

A. F. Jones M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62285 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 14th January 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia A Spence

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 3 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 259 Cross St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Mar's St.

Date of Burial, Jany 15th

Undertaker, Wand, Chas

Place of Business, 73 & 84 Baroness

J. L. Dyer M. D.,
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...ne Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 68286 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 14/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Ruckert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 26 N. Liberty

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Holmes

Date of Burial, Jany 14/83

Undertaker, A. Rosenberger

Place of Business, 76 Mulberry St

Geo. R. Stinson M. D., ~~Medical Attendant~~

Address, Bon Secours

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63287 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 15 1883

Date of Death, Jan 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Brooks

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and Number.} 72 E. Saratoga St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Jan 15

Undertaker, W. Dixon

Place of Business, 151 S Bond *Address,* 892 E. Baltimore

H. E. Luck M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63288 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 15 1883

Date of Death, Jan 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Reeves

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, 33 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~

Occupation, Boarding house Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Newfoundland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} 67 Thames St

Cause of Death, First, (Primary,) Mania-a-Potu

Second, (Immediate,) .....

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove

Date of Burial, Jan 15th

Undertaker, W. Leippel

Place of Business, 151 S Bond Address, 117 S Broadway

R W Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63287 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 15 1883

Date of Death, Jan. 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Barry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 ~~11~~ *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Ice Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 72 S. Sharp St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Dysentery

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, 15th 1883

Undertaker, W. Dippel

Place of Business, 8 Bond st

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt. & Green. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63299 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 15th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pete Mospanbek

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Three weeks

Place of Death, {Give street and Number.} 169 Alice Anna St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus' Cem

Date of Burial, 1/15/83

John H Kehlenger M. D.,
Medical Attendant.

Undertaker, M Leippel

Place of Business, 151 S Bond St

Address, 2143 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6329 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan, 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos R S. Cale

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, Child

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 123 Mulliken St

Cause of Death, First, (Primary,) Falling to a vessel of boiling water Dec 14th 1882.

Second, (Immediate,) Serious Prostration

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 15

Undertaker, Henry Meyers

Place of Business, 1168 W Pratt

A Reppshertzer M. D.,
Medical Attendant.

Address, 11 S. 15th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 63292 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, Sunday Jan 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Forrester

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 233 N Caroline St

Cause of Death, First, (Primary,) Consumption & Tubercular Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 8th 1883

Undertaker, Wm H. Hickman

Place of Business, 1234 Fay St

Wilmer Hamilton M. D.,
Medical Attendant.

Address, 25 E. Fremont Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63293 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marshall Loomis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and Number.} 34 Eutaw St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Heart disease & Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Church

Date of Burial, Jany 15th 1882

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

A. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore.

Permit No. 63294

OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Zeller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number} No 7 Frederick Avenue

Cause of Death, First, (Primary,) Pleuritis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 Weeks (Dr saw him only since 9 inst.)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Jan 15 — 1883

Undertaker, John P. Poulson

Place of Business, 66 Frederick Ave *Address,* No 82 Frederick St

Christopher Johnston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63293 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 15 1883 BALTIMORE

Date of Death, January 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry B Magill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 8 Etting St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 Etting Street

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) "

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 15th 1883

Undertaker, Chas T Scriven

Place of Business, 271 W Lexington St

F B Browne M. D.,
Medical Attendant.

Address, 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63296 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 14 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerhardt Haussen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Oldenburg Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and Number.} 77 Pearl St

Cause of Death, First, (Primary,) Carcinoma in right groin

Second, (Immediate,) Heart clot (Hemmorhage)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 16th 1883

W. F. Kemp, M. D., Medical Attendant.

Undertaker, Ph. J. Dill

Place of Business, 183 Columbia *Address,* 55 No Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65297 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Pope

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Her entire lifetime

Place of Death, {Give street and Number.} 289 Lexington St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion Heart failure

Duration of Last Sickness, Nine weeks

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan. 16th 1883.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore

Hammond & Turner M. D.,
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 3 2 9 8 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sabina L. Schumacher

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 68 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and Number. } 23 Pinehurst

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 15th 1883

James J. Bosley M. D.,
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,* 819 Hollins ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18

Board of Health, City of Baltimore,

Permit No. 63229

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Koettgen

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 18 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 306 Cross st

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 306 Cross st

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,) Dentition

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 15th 1883

W. A. Jones M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Harper & Gross *Address,* 826 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTED BY J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 6 on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68300 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eunice Young

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 4 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Gov. 307 Carrollton Ave

Cause of Death, First, (Primary,) 4

Second, (Immediate,) Tuberculan Meningitis

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jany 15/83

Undertaker, J. B. Blackiston

Place of Business, 660 W. Lombard

C. W. Nef M. D.,
Medical Attendant.

Address, 30 E. Hamilton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 68301

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 15 1883

Date of Death, Jany. 14th 183

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Christmann, Sister Mary Paula in religion

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not requred in this line.}

Occupation, Acted Sister de Notre Dame,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baldrack, Prussia,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Convent de Notre Dame Hospital N. Paca,

Cause of Death, First, (Primary,) Consumption of

Second, (Immediate,) (Chronic) the Lungs.

Duration of Last Sickness, about 8 mo.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, Jan. 15th 1883

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 51 N. Calvert Read

John F. Monnemann M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 63202 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mathilde W Bockrodt

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, One *Years,* — *Months,* Twenty five *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, During life ✓

Place of Death, { Give street and Number. } 221 N Bond St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Teething

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 15th 1883 Elias C Price M. D.,

Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63303 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 14, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gobright

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Soldier~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Aged Women's Home

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, 16th Jan. 1883

Undertaker, H. W. Jenkins & Son

Place of Business, 45 & 47 Charles St. *Address,* 257 Mad. Ave

C. M. Wilson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63364 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Kunkehn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 1 *Days,*

Color, white.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, about 1 day

Place of Death, {Give street and Number.} S. W. Cor. Jefferson & Washington Sts

Cause of Death, First, (Primary,) Adynamia &

Second, (Immediate,) Adynamia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial. January 15 1883

Undertaker, John Kenney

Place of Business, 382 W. Lanvale St *Address,* 42 Chas St

B. F. Irvine M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63301 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday, Jan. 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} Back of No 118 Ensor St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 16th

Undertaker, Geo. Schilling

Place of Business, Ashland & Lanvale

Wilmer Brinton, M. D.,
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 65306

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 12/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 21 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Cyhanosis.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 15 Jan. 1883.

Undertaker, Pat. Hunt

Place of Business, Division & Fremont Sts.

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem Ave. & Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6330 7 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13d 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John McCrea.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, —— *Years,* 2 *Months,* 13 *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 15/ Jan /83

Undertaker, Pat. Hunt

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63808 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, 10 30 o'clock PM Saturday January 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 28 Days.

Color, Colored

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 18 Binnie St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsion or Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Ballas ℓ Cemetery

Date of Burial, Jan 16th 1883

Undertaker, J J Locke

Place of Business, #75 Jefferson St

J. E. Prichard M. D.,
Medical Attendant.

Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63307 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 15 1883 BALTO

Date of Death, Jan 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada L Gill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 2 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 184 Gough St.

Cause of Death, First, (Primary,)

Second, (Immediate) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Balto

Date of Burial, Jan 15

Undertaker, G Brance

Place of Business,

To Be Supplied

J Gatch M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1883

CERTIFICATE OF DEATH.

Date of Death, January 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Vanlit

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} 328 Light St.

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Nervous Prostration

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, Jan 15 1883

Undertaker, C. F. Krauss

Place of Business,

Robert S. Rowe M.

Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be t duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate s ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the p son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6331 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, January 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Dienhbier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 15 years

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} Nr 209 S. Hanover st

Cause of Death, First, (Primary,) Variola Haemorrhagica

Second, (Immediate,)

Duration of Last Sickness, (several days) about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Ev. L. Cem.

Date of Burial, January 15, 83

Undertaker, H. Faulkner Son

Place of Business, 252 Canton Ave

L O Wiseman M. D., Medical Attendant.

Address, 125 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6332 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 14/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence L. McLewee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 184 S Durham St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Cr. L. Cem

Date of Burial, Jany 16 83

Undertaker, J. Sanders Son

Place of Business 252 Baltimore

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63313 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 15 1883

Date of Death, January 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Muckenfeld

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 3 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~One~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, ~~One~~ ✓

Place of Death, {Give street and Number.} No 333 Eastern Av.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Set days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, January 15th

Undertaker, H. Schaefer

Place of Business 203 Eastern

G O Winterstein M. D.,
Medical Attendant.

Address, 128 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 63814 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, January 13th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Nelson

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 28 *Years,* 6 *Months,* 9 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and Number. } 278 Montgomery St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Jan 15. 1883

Undertaker, Hercules Ross

Place of Business, 95 Conway st

Address, [illegible]

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 12 X 82

Permit No. 68315 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, January 14 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nelson S Camden

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 54 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } N W Police Station

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy. Verdict of Jury

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Hagers Town

Date of Burial, January 15

Undertaker, H Lobb

Place of Business, 95 Lombard St

Alexander Finley M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63316 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Slayton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter & Builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Barnes St. & Aisquith No. 19

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 16 1883

Undertaker, Joseph F. Byrne

Place of Business, 59 N Liberty

J H Connolly M. D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6331 7 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J. Woodland

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} *118 Hanover Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 15 / 83

Undertaker, Armstrong & Lynn

Place of Business, *263 Light St

Edward Cook M. D.,
Medical Attendant.

Address, *146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65318 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January the 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pine Mitelman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* .... *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 91 S. Spring St

Cause of Death, First, (Primary,)

Second, (Immediate,) Gastroenteritis

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholam

Date of Burial, Jan 15th

Undertaker, Myers Wolfeleter

Place of Business 43 S Eight St

Geo. H. Denson M. D.,

~~Medical Attendant.~~

Address City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 63319 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Molen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dring life

Place of Death, {Give street and Number.} 2 Gouds Lane

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemy

Date of Burial, January 15th.

Undertaker, B. Mull

Place of Business, 82 West Pr

C. A. Cooke M. D., Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6332d *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, January 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel H. Barker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 8 *Months,* 3 *Days,*

Color, White

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Infancy

Place of Death, {Give street and Number.} 21 Bevan St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetary

Date of Burial, January 14th

Undertaker, B. Hus[illegible]

Place of Business, 42 West [illegible] *Address,* 170 S. Sharp St

Wm Goodlee M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6832 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 13

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Vogelson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 5 hrs *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 298 Hanover

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Premature Birth

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Jan 15

Undertaker, B Hart

Place of Business, ...

Geo H Dixon M. D.,
Medical Attendant.

Address, City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63312 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Valor

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 10 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 9 Parish alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 16

Undertaker, W H Dungee

Place of Business,

Geo. N. Dixon M. D.,
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

12 **Board of Health, City of Baltimore,**

Permit No. 63323 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha B. Tilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 11 *Years,* *Months,* *Days.*

Color,

~~Married~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} #217 Snider Ave

Cause of Death, Apoplexy

Duration of Last Sickness, Five hours + twenty five minutes

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 16 /

Undertaker, Stewart + Mosner

Place of Business, Park + Clay St

Wm Keber Neff M.D.
Medical Attendant.

Address #217 Snider Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 63324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1893

CERTIFICATE OF DEATH.

Date of Death, January 15, 83. 1 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Black

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 33 *Years,* ..... *Months,* ..... *Days.*

Color, w

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norfolk

Duration of Residence in the City of Baltimore, six months

Place of Death, {Give street and number} No 58 Lunn st

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Tumor Jaw

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Charity

Date of Burial, Jan 18

Undertaker, H Ross

Place of Business, ...

W. C. Sandrock M. D.
Medical Attendant.

Address, 227 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 63325 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno C. Hortie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* — *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 48 yrs

Place of Death, {Give street and number.} 47 Stockholm St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jany 15th 1883

Undertaker, Wm. M. Dugan

Place of Business, 1062 E. Baltimore St

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 63326 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 13 1883 HEALTH

Date of Death, Jany 13th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Carroll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 11 Brk St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. Jany 15th 1883

Undertaker, Wm N. Dugan

Place of Business, 162 E. Balt St. *Address,* 506 N. Charles St.

John Neff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63327 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 15 1883

Date of Death, January 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Davenport

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 15 *Days,*

Color, Yellow (Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 mo 15 days

Place of Death, {Give street and Number.} 49 Howard st Vacant.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Spasms.

Duration of Last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan'y 15th 1883

N W Wright M. D., Medical Attendant.

Undertaker, Wm N. Drury

Place of Business, No 62 East Lt *Address,* 55 Gilmor St N.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63328 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Turpin Crawford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} Cor Bowdey ~~or 317~~ Greenmount ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Middletown New Castle Co. Del

Date of Burial, Jan 16th 1883

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address,* Corner

Alexander Insley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63329

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 15 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Black

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, xxx

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. Broadway near Eager 293

Cause of Death, First, (Primary.) Croup

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Jany 15/83

Undertaker, W. Schultheis

Place of Business,

Chas. O. Preston M.D.,
Medical Attendant.

Address, 1287 Eastern

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Charles Kohlhoff

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* 5 *Months,* 10 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eggesin, Pommern, Germany

Duration of Residence in the City of Baltimore, 13 yrs 7 mos

Place of Death, {Give street and number} 112 Fort Ave

Cause of Death First, (Primary,) Dropsy

Second, (Immediate,)

Duration of last Sickness, About 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 17th 1883

Robert S. Lowe M.D.
Medical Attendant.

Undertaker, Ernst Schlosser

Place of Business, 200 Shore St *Address,* 333 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63331

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan, 14th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Eckel

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 1 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, xxx

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Whitelocks Court

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Laryngitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Helenas

Date of Burial, Jan 15th 83

Undertaker, G. Crane

Place of Business, Bonk & Wolfe

Theo F. Lamb *M.D.*, Medical Attendant.

Address, 122 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63382 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Stern

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and Number.} 1st 31 N Wolfe

Cause of Death, First, (Primary,) Spinal Pt

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 15 83

Undertaker, G. Frazier

Place of Business, Bowers & Wolf *Address,* 128 Eden

L A Winterer *M. D.,* ~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63333 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Kimmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 9 *Years,* ~~8 9~~ *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germanie

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor cor. John and Valley Streets

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, A Glyphons

Date of Burial, January 16th 1883

Undertaker, B. Ylank

Place of Business, 82 Wort St. *Address,*

Jno. Pinkney Fyler M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 63334

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Mickels

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 447 W. Lombard st

Cause of Death. First, (Primary.) Disease of Knee Joints

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 22 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Jan, 16' 1883

E. Meiertop M.D.,
Medical Attendant.

Undertaker, L. B. Cook

Place of Business, 707 W. Balto St, *Address,* 427 W. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 63336 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hannigford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 11 *Months,* 2 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, about 40 yrs.

Place of Death, {Give street and number.} 44 N. Gilmor St.

Cause of death, First, (Primary,) Hypostatic[illegible] of the heart, [illegible]

Second, (Immediate,) Coma.

Duration of Last Sickness, 1 year.

All the above Information should be furnished by the Physician.

Place of Burial, Reisterstown Md

Date of Burial, Jan. 16/83

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* 215 N. Carrollton Ave

John J. Young *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63386 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth O'Neill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} No 91 Hanover St

Cause of Death, First, (Primary,) Organic disease of Heart

Second, (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial. Jan 16

Undertaker, C Krause

Place of Business,

S. C Burch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63337 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Woytuniak

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Gumany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 245 S Wolfe

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E.F.

Date of Burial, Jan 15

Undertaker, W. Coleman

Place of Business,

Geo. H. Dueson M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63538 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Grayson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2½ *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 15

Undertaker, C H Blizzard

Place of Business, 1902 ~~~ *Address,* .....

C. T. Doran M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68339 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 12. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia McCune

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) .....

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 15

C. T. Brain *M. D.,*
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 198 Rd Ave *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6 3 3 2 10 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francisca Borolski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two years.

Place of Death, {Give street and Number.} # 172 Canton Av.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 16th

Undertaker, W. Fifer

Place of Business, S. Bond st. 151

John H. Rehkopf M. D.,
Medical Attendant.

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63 34 / *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Anna Lutz

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 18 *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Ever since born

Place of Death, {Give street and Number.} 45 Granby

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis cordis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 16 83

Undertaker, Fred. Gaede

Place of Business, 29 S. Caroline Address, 345 E. Baltimore

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 68342 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jackson Cardwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 40 *Years,* 10 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Banner & Hat Frame Manufacturer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, {Give street and Number.} 243 N Gay St

Cause of Death, First, (Primary,) Chronic Peritonitis &c.

Second, (Immediate,)

Duration of Last Sickness, Two or three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan. 16. 1883.

Undertaker, Wm H. Hickman

Place of Business 234 N. Gay St.

D W Cathell M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63343 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 16 1883

Date of Death, January 15th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adam Ahlum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 7 Hara St.

Cause of Death, First, (Primary,) Rheumatism (Cardiac)

Second, (Immediate,) —

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, Jan 17th 83

Undertaker, D. C. Schmidt

Place of Business, 265 West Hoff

E. J. Williams M. D., Medical Attendant.

Address, 53 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6 8 3 4 4 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Wm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 12 Douglas n

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 16th 1883

Undertaker, S. M. Chase

Place of Business, 195 E. Howard St

J. D. Latimer *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3

Board of Health, City of Baltimore,

Permit No. 63845

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter P. Perry

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 4 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 16 Parlin St "Varina"

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,)

Duration of last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 18th Jan

Undertaker, George Pine

Place of Business,

S. G. Watts M. D.
Medical Attendant.

Address, 283 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63346 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Miller

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 2 *Years,* 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 2, 4

Place of Death, {Give street and Number.} 106 West & Eastaw

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) .....

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt.

Date of Burial, January 16

Undertaker, B. Hank

Place of Business, 82 West St.

Thos. Ellis *M. D.,* Medical Attendant.

Address, 318 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6334 7 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday 14 January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Innes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number.} 3 Amity Court

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 16 1883

Undertaker, William Bowyer

Place of Business, No 62 East [illegible] *Address,* 561 W Fayette

Timothy A Jones M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63348 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Leech

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* ~~18~~ *Days.*

Color, White

Married, ~~Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ~~Since birth~~

Place of Death, {Give street and number.} 76 Hanover St

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bullin Co

Date of Burial, January 17 1883

Undertaker, D Summers

Place of Business, 313 Hanover St *Address,*

P. T. Cum *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6384 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1883

CERTIFICATE OF DEATH.

Date of Death, January 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Hoody

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 18 *Months,* ..... *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bruce St Alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 189 Price St

Cause of Death, First, (Primary,)

Second, (Immediate,) Burns

Duration of Last Sickness, 16 Hours

All the above information should be furnished by the Physician.

Place of Burial, Krantz St.

Date of Burial, Jany 16 1883

Undertaker, Burbridge Chase

Place of Business, 19 E Howard St

Alexander Tinsley M. D.,

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63360 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorcas Boston

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, B

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 81 Orchard St

Cause of death, First, (Primary,)

Second, (Immediate,) Gradual decay of age

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16 83

Undertaker, Alf Hensey

Place of Business, 116 Orchard

C Winslow M. D.,
Medical Attendant.

Address, 23 N Bullock St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63361 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu S. Tierney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 10. *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 73 S. Stricker St

Cause of Death, First, (Primary,) Child Birth

Second, (Immediate,) Metritis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Jan 18th 1883

Undertaker, Jas B Cook

Place of Business No 707 W Baltimore St

W. R. McKeen M. D.,
Medical Attendant.

Address, 582 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68352 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1883 BALTI

CERTIFICATE OF DEATH.

Date of Death, 1, 15, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Stewart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 52 yrs

Place of Death, {Give street and Number.} Parkin St. #67.

Cause of Death, First, (Primary,) Cyelitis

Second, (Immediate,)

Duration of Last Sickness, 15 d

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan 17 1883

Undertaker, J B Cook

Place of Business, 707 W. Balto St. *Address,* 249 Lund

Hill Eastman M. D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

19 Board of Health, City of Baltimore,

Permit No. 6335 3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion V. Hayes

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 19 *Years,* 11 *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sales Woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Newport Pa

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number} 102 Edmondson Ave

Cause of Death, First, (Primary,) Internal Tumor

Second, (Immediate,) Dropsy

Duration of last Sickness, about 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mound Olive Cemetery

Date of Burial, Jan 17

Undertaker, H Rohde

Place of Business, 45 Penna Ave

E. M. Gee M. D.

Medical Attendant.

Address, 192 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

16 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1883

CERTIFICATE OF DEATH.

Date of Death, 14th Jan. 1883 at 6 o'clock P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. H. Brant

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 24 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Basket Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 213 Dover Street

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jany 16th 1883

Undertaker, John S. Mackey

Place of Business, 150 Camden St

C. C. Richardson M. D.
Medical Attendant.

Address, Lombard & Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 63333 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1883

CERTIFICATE OF DEATH.

Date of Death, January 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Caroline Catherine Schwartz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 8 *Months,* 11 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, always.

Place of Death, {Give street and Number.} No 159 1/2 Mulberry St.

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Tuberculosis

Duration of Last Sickness, 2 Years & 6 month

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Lutheran Cemetery Druid Hill Park

Date of Burial, Wednesday Jan 17th 1883

Undertaker, Peter Schultheis

Place of Business, 159½ Mulberry St. *Address,* Mulberry & Myrtle ave

Wm (H) Horn M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65866 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 16 1883

Date of Death, January 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Wilkins (Mary Wilkins Mother)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 56 Williamson Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Jany 1883

Undertaker, F. A. Kirchner

Place of Business,

Dr. W. P. Jenkins

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63357 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Coleman

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* —— *Months,* —— *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 10 Clarkson Alley

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Small Pox

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, W. P. County

Date of Burial. Jany 10/83

Undertaker, F. A. Kerchner

Place of Business, ——

Geo. W. Dennis M. D.,
~~Medical Attendant.~~

Address, Cor Fleet & Wells

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63317 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1883

CERTIFICATE OF DEATH.

Date of Death, January 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Blake

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* ——— *Months,* ——— *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 191 West st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemty

Date of Burial, Jany 11/83

Undertaker, F A Kerchner

Place of Business,

Geo. R. Dennis M. D.
Medical Attendant

Address, Cor Eutaw & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63357 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* 7 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 46 Burgundy Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemty

Date of Burial, Jany 12/83

Undertaker, F. H. Kerchner

Place of Business,

Geo. W. Gibson M. D.,

~~Medical Attendant~~

Address, Com'r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63360 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 16 1883

Date of Death, January 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Parke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 248 Cross st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, W. P. Cemty

Date of Burial, Jany 12/83

Undertaker, F. A. Kerchner

Place of Business,

Geo. A. Dinsmore M. D.,
Medical ~~Attendant~~.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63361 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 15 1883

Date of Death, January 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Larkin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and Number.} 193 W. Lombard st

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) 8 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Jany 14/83

Undertaker, F. A. Kerchner

Place of Business,

Geo. H. Simms M. D.,

Medical Attendant

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63362 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 16 1883

Date of Death, January 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Jones

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 5 Rope Walk Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, January 12 83

Undertaker, F. W. Kercher

Place of Business,

Geo. R. Jones M. D.,

Medical ~~Attendant.~~

Address, Cor. Fleet & Wolfe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63363 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 16 1883 BALTIMORE

Date of Death, Jan. 15/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Matuszewski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and Number.} 21 S. Dallas

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) asthenia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial. Jan 16th 83

Undertaker, G. Frazer

Place of Business, Boots & Wolf

D. L. Mintus M. D.,
Medical Attendant.

Address, 40 d. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65364 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th January 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Lawrence

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, about Seven (7) *Years,* ..... *Months,* ..... *Days,*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Supposed to be Baltimore.

Duration of Residence in the City of Baltimore, Supposed - lifetime -

Place of Death, { Give street and Number. } Home of the Friendless. Baltimore

Cause of Death, First, (Primary,) Pseudo. Membranous Laryngitis.

Second, (Immediate,) Apnoea. (Suffocation)

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Jan 17th/83

Undertaker, Wm Keener

Place of Business, 202 N. Eutaw St. *Address,* Claude Van Bibber M. D., Medical Attendant. 47. Franklin St. Per. W. C. Van Bibber

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63365 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Justuen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 28 Fountain st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 16

Undertaker, W Disbee

Place of Business,

Geo. N. Dimon M. D.,
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63366 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Dougherty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 10 E Lombard St

Cause of Death, First, (Primary,) Heart Disease - Natural

Second, (Immediate,) General Anasarca

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 19th 1883

Undertaker, C. F. Evans

Place of Business, *Address* 19 N Calvert St

G. Stupus *M. D.,*

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6336 7 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Murphy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 56 Market Space

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Pneumonia

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Bacon Co

Date of Burial, Jan 17

Undertaker, J B Cook

Place of Business,

A Trepthenter M. D.,
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 63368

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 16 1883

Date of Death, January 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Paul

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* 8 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} 332 Aliceanna St

Cause of Death, First, (Primary,) Bilious Intermittent Fever

Second, (Immediate,) Senile Marasmus

Duration of Last Sickness, about Four months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Jan 17th 1883

Undertaker, G. C. Snider & Son

Place of Business, 252 Canton Ave

G. Adolphus Mc M. D.,

Medical Attendant

Address, 867 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 6836 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1883

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ... *Address,* ..... M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 68370 *Office of Registrey of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 13/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie King

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 15 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} S.W. Cor. Dallas & Alice Amas Sts

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker H Sauder.

Place of Business,

R W Mansfield M. D.,
Medical Attendant.

Address, 117 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 63571 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo L Luckman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 6 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 173 West St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Jan 16

Undertaker, D W Chase

Place of Business,

Geo. H. Dixon M. D.,

~~Medical Attendant.~~

Address, Bon. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63372 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 16 1883

Date of Death, Jan. 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca E Belmont

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 206 E Pratt St

Cause of death, First, (Primary,) Croup

Second, (Immediate,) Spasm

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jany 17th 83

Undertaker, M. Clark & Son

Place of Business, 92 Dan

[illegible] *M. D.,*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63873 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 16 1883

Date of Death, January 16/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Nora Warner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 211 Mulberry St.

Cause of Death,
First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Wed Jan 16th /83

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St.

Louis C Hon, per E&R, M. D., Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 63374 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Fuller

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 47 S. Madeira Alley

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem

Date of Burial, Jan. 18th

Undertaker, W. Lafferl

Place of Business, N. Bond & Pitt Address, 247 S. Eutaw

J. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63375 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1883

CERTIFICATE OF DEATH.

Date of Death, Jan'y 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Guiseppe da Lasko

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housework

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany - 21 years

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and Number.} No 44 S. Central Ave.

Cause of Death, First, (Primary,) General debility

Second, (Immediate,) Old age

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 17 Jan'y 83

Undertaker, W. Siepel

Place of Business, 157 S. Bond St.

L. D. Shumate M. D.,
Medical Attendant.

Address, 92 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63376 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 16 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Hicken

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,* 9

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Nicholson St. L. P.

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Jan. 17th 83

Undertaker, W. C. Club } R. W. Mansfield M. D.,

Place of Business, 205 Alice Anna *Address,* 47 S Broadway } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

5

Board of Health, City of Baltimore,

Permit No. 6337

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Lieber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 5 *Months,* 15 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany, 11 years in U.S.

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 19 Mc Elderry st

Cause of Death, First, (Primary.) ~~Cerebral~~ Abscess.

Second, (Immediate.) Sappraemia.

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, O. H. P. Cemty

Date of Burial, Jany 17/83

Undertaker, M. Coleman

Place of Business,

Parker & Ziegler M.D.,
Medical Attendant.

Address, 208 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63378 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 16 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Luliana Kohler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 5 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 5 S. Register st

Cause of Death, First, (Primary,) meningitis

Second, (Immediate,) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Aliquippa Grave Yard

Date of Burial, January 17. 1883

Undertaker, John Braun

Place of Business, 224 S. Bond St *Address,* 31 N. Broadway

Daniel M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert M Lally

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 277 Franklin

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Pneumonia

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 16th 1883

Louis H. Knight M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 N. Liberty St

Address, 112 W Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63380 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Janu 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adam Lose

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 896 W Pratt ar

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis cemetery

Date of Burial, January 17

James Braley M. D.,
Medical Attendant.

Undertaker, John P. Pantas

Place of Business, 66 Frederick Ave *Address,* 879 Hollins ar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 63381

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Keistler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 228 Eastern Ave

Cause of Death, First, (Primary,) ~

Second, (Immediate,) Small Pox -

Duration of last Sickness, 5 days - called Jany 16 1883

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon Cem.

Date of Burial, Jany 17th 1883

Jule Benjamin M. D.
Medical Attendant.

Undertaker, H. Sauder & Son

Place of Business, 252 Eastern Ave *Address,* N. Caroline & Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 63389 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 17 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Bicklein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 346 Cross st.

Cause of Death, First, (Primary,) Variola Confluens

Second, (Immediate,) Depression

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 17th 1883

Undertaker, Julius Rachlen

Place of Business, Sharp & Cross sts.

C. L. Buddenbohn M. D.,
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6383 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 17 1883

Date of Death, Jan 16th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie M. Denton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days,*

Color, —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and Number.} 144 Ridgley St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Mound Prospect Cem

Date of Burial, Jan 17th 1883

Undertaker, Julius Koehler

Place of Business, Sharpe & Brasher *Address,* 221 Barre St.

J. Tyler Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 63384

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 6 1 3 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gilbert Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Intersection of Liberty & Howard

Cause of Death, First, (Primary,) Pistol shot wound. Fired

Second, (Immediate,) by the hand of Geo. Morgan

Duration of Last Sickness, 2 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 17 1883

Undertaker, Gilbert Perkins Jr

Place of Business, 130 Hanover st

J. G. Connolly M. D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63385 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 17 1883

Date of Death, Jan 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ruck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 12 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, S

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 44 Barry St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnebrae

Date of Burial, Jan 16/1883

Undertaker, J.M. Cadogan

Place of Business, 227 Mulberry

Geo B Rumney M. D.,
Medical Attendant.

Address, 171 N. Gaven St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore,

Permit No. 63386 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 17 1883

Date of Death, Jan 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Hourathy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 9 *Days,*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and Number.} 76 Richmond

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan 17th 1883

Undertaker, Chas T Scriven

Place of Business, No 271 Pratt St

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore,

Permit No. 63387 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 17 1883

Date of Death, Jan 16, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adda Wooley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 5 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 134 Jefferson St

Cause of Death, First, (Primary,) Hypertrophy of Heart

Second, (Immediate,) Gangrene of Foot

Duration of Last Sickness, 3 days Heart Disease

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, January 18th 1883

Undertaker, John Lake

Place of Business, 1661 Balto St

Harrison Cole M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 68388 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1883

CERTIFICATE OF DEATH.

Date of Death, Jany. 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Getlen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, About * *Years,* 30 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Brakeman N.C.R.R.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital Bath corner of S. Rodney

Cause of Death, First, (Primary,) Comp. Com. Fract of corpus & cervix fem'l leg

Second, (Immediate,) Exhaustion from Hemorrhage

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, New Freedom

Date of Burial, Jan 18th 1883

Undertaker, Andrews & Hodges

Place of Business 1042 Druid Hill Ave *Address,*

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63389 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 17 1883

Date of Death, Jan 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rembuden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 269 S Durham st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 18

Undertaker, W Dippel

Place of Business, ...

Chas W. Benson M. D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6330 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1893

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 40 Wilde St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Lebanon Cem

Date of Burial, Jan 17 93

Undertaker, Mrs Jones M. D.,

Place of Business, 43 Bond St *Address,* 24 Patterson Ave

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 63391

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 17 1883

CERTIFICATE OF DEATH.

Date of Death, January 16th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha May Harguet.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 10 *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 155 York St.

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Collapse of Lungs.

Duration of Last Sickness, 2 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Jan. 17th 83.

Undertaker, Saml L. Chase

Place of Business, 98 Columbia

H. H. Bordman. *M.D.,*

Medical Attendant.

Address, 98 Columbia Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6332 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days,*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 93 Lee st.

Cause of Death, First, (Primary,)

Second, (Immediate,) Chronic Peritonitis

Duration of Last Sickness, 2 months

All the above Information should be furnished by the Physician.

Place of Burial, Loyal

Date of Burial, Jan. 19th 83

Undertaker, Jacob H. Chase

Place of Business, 19 E. Lanvale

A. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63393 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1893

CERTIFICATE OF DEATH.

Date of Death, Jan. 15, 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Stevens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince Geo. Co. Md.

Duration of Residence in the City of Baltimore, 4 mos.

Place of Death, {Give street and Number.} 10 Vincent al.

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 10 ds.

At the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Jan 18 93

Undertaker, Jos. R. Kemp & Co

Place of Business, 5 W. Lee

W. A. Turner M. D.,
Medical Attendant.

Address, 215 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63394 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 17 1883

Date of Death, Jan 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and Number.} 216 China St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthma

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jany 17 1883

Undertaker, Parks & Crane

Place of Business, 198 S Eutaw St

Dr J Bell M. D.,
Medical Attendant.

Coroner

Address, 161 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63396 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Orendorf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 276 S Ann St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bayo

Date of Burial, Jan 19

Undertaker, W D Steel

Place of Business, ...

John H Kahlmeyer M. D.,
Medical Attendant.

Address, 243 Alice Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Mr. Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules of Duty on Back of Cer...

Board of Health, City of Baltimore,

Permit No. 65376 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 1883

Date of Death, January 16 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sidney R. Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 1 - 5

Place of Death, {Give street and Number.} 17 Pittsburg st.

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) Apnoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 18/1883

Undertaker, Armstrong & Denny

Place of Business, 269 Light

H. H. Ellis M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

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Permit No. 63397

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino Annie Dempster

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Queen Annes Co Md

Duration of Residence in the City of Baltimore, 65 Years

Place of Death, {Give street and number.} 189 Johnson St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Congestion Lungs 2 Day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet

Date of Burial, Jan 17/1883

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

J. B. Noble M.D.,
Medical Attendant.

Address, 56 Warren av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63378 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1883

CERTIFICATE OF DEATH.

Date of Death, January 16 /

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie McKill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 12 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 19 Adar Row

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 19 Adas Row

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Owings Mills Balto Co

Date of Burial, Jan 17th 1883

Undertaker, F. Lewis Scraper

Place of Business, 109 N Fremont

Alexander Finley M. D., Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Registrar's Return, and to the List of Diseases on Back of this...

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Board of Health, City of Baltimore,

Permit No. 63399

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1883

CERTIFICATE OF DEATH.

Date of Death, 16 January 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis Dardan

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 50 *Years,* ✕ *Months,* ✕ *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sporting man

Birthplace, {State or country (and how long in United States, if of foreign birth.)} USA

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 29 N Liberty St.

Cause of Death, First (Primary,) Variola

Second (Immediate,) Asthenia + cardiac Failure

Duration of Last Sickness, Nearly 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 17th

Undertaker, Stewart + Morrow

Place of Business, Park + Clay Sts

B. F. Leonard M.D.
Medical Attendant.

Address, 214 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63400 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 17 1883

Date of Death, Jan 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Hepse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 175 Hamburg St between Howard & Sharp

Cause of Death, First, (Primary,)

Second, (Immediate,) Variola

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 14th

Undertaker, Wm J. Fickus

Place of Business, 65 S. Eutaw

Wm Goodel M. D.,
Medical Attendant.

Address, 700 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63401 *Office of Registrar of Vital Statistics.* Ward 9 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Stricture of Urethra

Second, (Immediate,) Paralysis of heart from chloroform

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Jany 16/83

Undertaker, Fred'k Kochner

Place of Business, 450 S Gaulton St

West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63402 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 17 1883

Date of Death, Jan 15 = 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Dowles.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 218 Mulberry St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Disease Pat

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub Cem

Date of Burial, Jan 16 = 1883.

Undertaker, M Coleman

Place of Business,

Geo. N. Dixon M. D.,

Medical ~~Attendant~~.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Dr & Duncan

Board of Health, City of Baltimore,

Permit No. 6 3 4 1 0 3 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 14th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Fenton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 3 Years

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and Number. } 67 Thames

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) ———

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, Jany 17

Undertaker, W Coleman

Place of Business, ———

John G Woods M.D.,
Medical Attendant.

Address, 208 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to this Monthly Report, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6 3 4 1 0 4 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th, 1883 JAN 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Zowitski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 30 Shakspeare

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 17 & 83

Undertaker, G. Krane

Place of Business, Dan'l & Wolf

John H. Mehlenyer M. D., Medical Attendant.

Address, 3143 Eden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Penalty Attach to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

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Permit No. 63485 *Office of Registrar of Vital Statistics.* Ward ~~12~~

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 16/83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } annie Dillon -

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* 9 *Months,* ~~—~~ *Days,*

Color, White -

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ~~—~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto -

Duration of Residence in the City of Baltimore, Life -

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Tubercular Meningitis.

Second, (Immediate,) Convulsion -

Duration of Last Sickness, 3 weeks -

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae -

Date of Burial. Jan 17/83 -

Undertaker, W. Ardovan

Place of Business, 227 Baltimore St

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem av & Calhoun s

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68406 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} 180 S. Howard st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial Sharp st Cem'y

Date of Burial, Jany 17/83

Undertaker, Geo W. Perkins

Place of Business,

Chas W. Dunn M. D.,
Medical Attendant

Address, Cor Gay & Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63407 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 17 1883

Date of Death, January 11. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Perry.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City; born

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 106 Perkins Ln.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Jan 13

Undertaker, Geo Pine

Place of Business,

A. G. Walk, M. D.,

Medical Attendant.

Address, 623 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1883

CERTIFICATE OF DEATH.

Date of Death, January 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Rosenfeld

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, X *Years,* 2 20 *Months,* X *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 90 E Baltimore St

Cause of Death First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St.

Date of Burial, Jan 17

Undertaker, W Eulau

Place of Business,

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eulau St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 63409 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hiram L Hoe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 162 Baltimore

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 18

Undertaker, B. Hurle

Place of Business, 22 West St.

H W Mebster M. D., Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 63710 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R Gould,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 64 S. Washington St.

Cause of Death, First, (Primary,) Scarlatina. Irregular

Second, (Immediate,) form with diphtheritic complication

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 18

Undertaker, Denny & Whitehead

Place of Business,

D H Cathell M. D.,
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 47

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 6344

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Mason Janney

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 361 East Pratt St

Cause of Death, First, (Primary.)

Second, (Immediate,) Membranous Croup

Duration of last Sickness, 13 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan. 19, 83

Undertaker, Mr A. Dwyer

Place of Business, 74 S Bway

Dr Bevington M. D.
Medical Attendant.

Address, [illegible] Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-

Board of Health, City of Baltimore,

Permit No. 6 3 4 1 2 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Milton Kemp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 2 *Months,* 17 *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Druggist.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 304 E. Pratt St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption.

Duration of Last Sickness, Twelve Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, Jany 17th 1883

Undertaker, W. A. Daiger

Place of Business, 74 S. Bdwy

Nicholas L. Dashiell, Sr. M. D., Medical Attendant.

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 63-1/13

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gibbons

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and Number.} 1565 S. Central ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan'y 18 - 1883

Undertaker, P. F. Curran

Place of Business, 53 S. Broadway

Chas. O'Donovan M. D.,
Medical Attendant.

Address, 115 W. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

. 6344 Board of Health, City of Baltimore,

Permit No. 2 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th A.D. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alonzo Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 mo

Place of Death, {Give street and Number.} No 72 N Amm Street

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Abcess & Exhaustion

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 16. 1883

Undertaker, William S Dugee

Place of Business, 62 East St

W. A. Hahn M. D.,
Medical Attendant.

Address, 76 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...of Deceased on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6344/15 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Charles Preston

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 35 *Years,* ..... *Months,* ..... *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, Steward

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 2 Madison Av.

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Val. dis. of Heart.

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial January 16. 1883

Undertaker William H. Dugee

Place of Business, 62 East St

H. F. Reynolds, M. D.,
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Schedule below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63716 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachael L Williams

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 4 *Months,* — *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore 3 Forrest St

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and Number. } 3 Forrest St

Cause of Death, First, (Primary,) Catarrh of Lungs

Second, (Immediate,) do

Duration of Last Sickness, 4 or 5 months - was not specially attended by any Physician -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jany 16 1883

Undertaker, Daniel J Dugee

Place of Business, 413 Chesnut St

M. D., Medical Attendant.

Address, 86 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6341 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~

Date of Death, January 16th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Simmons

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 2 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and Number. } 29 Fountain st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 8 or 9 days Thought to have only 6 days

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical

Date of Burial, Jan 17th 83

Undertaker, H. Sandefer Son

Place of Business, 252 Lanvale

E. J. Williams M. D.,

Medical Attendant.

Address, 63 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63718 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, b

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 13 S Durham St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of Last Sickness, abt 7 days

All the above information should be furnished by the Physician.

Place of Burial Forest Cemetery

Date of Burial, Jan 27 1883

Undertaker, J J Lee Jr

Place of Business 473 Jefferson

Chas E Buck M. D., Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

7

Board of Health, City of Baltimore,

Permit No. 63419

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Jan 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Raines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Lancaster, Pa

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 293 So Broadway

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bairo

Date of Burial, Jan 16

Undertaker, W Hickman

Place of Business,

Signature of Medical Attendant, *M.D.*,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63420 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Klee

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penn Co

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} Corn. Monument & Eden

Cause of Death, First, (Primary,) Variola vera

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. James, Cemetery

Date of Burial, January 18, 1883

Undertaker, Henry Hoen Jr

Place of Business, 507 Central Ave *Address,* Dept of Outdoor

I attended M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

Permit No. 6342

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Moulder

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and number.} 8 Bremen St

Cause of Death, First, (Primary.) Disease of Liver (Malignant?) Jaundice

Second, (Immediate.) Exhaustion from Dysentery

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jany 19 1883

Undertaker, Edw Mitchell

Place of Business, 550 W Fayette St

Richard McShane M.D.,
Medical Attendant.

Address, 189 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6342 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara E Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 3 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 67 N Lonsdale st

Cause of Death, First, (Primary,)

Second, (Immediate,) Rachitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jany 18 " 1883

Undertaker, Henry Antschel

Place of Business, 530 W Fayette St

W McClure M. D.,
Medical Attendant.

Address, 582 N Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

15

Permit No. 63423

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 11 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cecilia Harper

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, Seamstress

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number. } 245 Eastern Ave

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Purpura Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, 12 Jan

Undertaker, B. B. Harley

Place of Business, 82 Hanover

Geo. H. Jones M.D.,

Medical Attendant.

Address, 160 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63424 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16 - 1883 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbora Dránek

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 21 *Years,* 0 *Months,* 0 *Days,*

Color, white —

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cigar-maker —

Birthplace, { State or country, and how long in the United States if of foreign birth. } Bohemia —

Duration of Residence in the City of Baltimore, 4 years —

Place of Death, { Give street and Number. } 106 n Washington St -

Cause of Death, First, (Primary,) Tuberculosis of Lungs -

Second, (Immediate,) gradual exhaustion -

Duration of Last Sickness, about 9 mos —

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetri

Date of Burial, January 18 · 1883

B. F. Irvine M. D.,

Medical Attendant.

Undertaker, John Heaney

Place of Business, 382 Orleans St *Address,* 128 Chew

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6374/26

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, January 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Swift

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married ✓

Occupation, House keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 317 West Lanvale St.

Cause of death, First, (Primary,) Valvular disease of heart,

Second, (Immediate,) Dropsy,

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Jan 19th 1883

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

Jno. I. Lynch M. D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18

Board of Health, City of Baltimore,

Permit No. 63426

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 18 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos McLaughlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 315 S Howard

Cause of Death, First, (Primary.)

Second, (Immediate.) Scrofula

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, Jan 16th

Undertaker, H. Ross

Place of Business,

Geo. W. Dixon M.D.,

Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63427 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Body found January 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, abt 60 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Baker Coal Pier Canton

Cause of Death, First. (Primary,) 2 Accidentally Drowned (Supposed)

Second. (Immediate,) 3 Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial E.P.

Date of Burial, Jan 17

Undertaker, M J Coleman

Place of Business,

Chas. H. Morfit M. D.,
Medical Attendant.
Coroner E.D.
Address, 57 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Formerly Given to the Members Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63428 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 17, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Sheridan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 6 Arch alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small pox

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Shaft & C

Date of Burial, Jan 18th 1883

Undertaker, H. Hemsley

Place of Business, 111 Orchard

Vernon Coale M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6342 9 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th 7 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Ellen Robinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No. 162 Ramsey St.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 162 Ramsey St.

Cause of death, First, (Primary,) Infantile Lock-Jaw

Second, (Immediate,)

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Jan. 18 1883

Undertaker, J. J. Cook

Place of Business, 709 W. Balto St.

Wm. T. Alderdice, M. D.,
Medical Attendant.

Address, 1 E. Lexington & 2 E. Pleasant Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 6345

Board of Health, City of Baltimore,

Permit No. 63430 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, January 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A. Kennedy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 282 Franklin St

Cause of Death, First, (Primary,) Burned - (Caught fire from Stove)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 7 hours -

All the above information should be furnished by the Physician.

Place of Burial, St. Peters. Cem.

Date of Burial, Jan. 18 1883

Undertaker, R. G. Cook

Place of Business, 707 W. Baltimore

Jas. E. Gibbons M. D., Medical Attendant.

Address, 47 Edmondson ave

OR,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63431 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Feth

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days,*

Color, Wh

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and Number.} 498 h. Sar

Cause of Death, First, (Primary,) Pthisis Pulmonalis

Second, (Immediate,) Coma

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, January 18 1883

Undertaker, Henry Stocks

Place of Business, 367 W Pratt Address,

F Ruthrauff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19 6342

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 13 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 16. 1883

Full Name of Deceased, {Write logibly and spell correctly. If an Infant not named, give names of parents.} Wm Carr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 25 *Days.*

Color, Col^d

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Stricklan Ay.

Cause of Death, First, (Primary.) Rubeola

Second, (Immediate.) Congestion of the Brain

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Jan 18th 1883

Undertaker, Wm. N. Dwyer

Place of Business, No 10 Hanover St

Jno. L. Powell M.D.,
Medical Attendant.

Address, 227 Cantillon Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63433 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1883

CERTIFICATE OF DEATH.

Date of Death, Tuesday Jany. 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Smith Howard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and number.} 1 Amity Court

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 18th 1883

Undertaker, Wm. M. Duncan

Place of Business, No 10 Stockton Av

J. Dunnel Bowers M. D.,
Medical Attendant.

Address, 561 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63434 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 9 1883

Date of Death, Jan 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle V Godwin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 4 E Mount St

Cause of Death, First, (Primary,) Was under treat at the dispensary for a skin disease, not seen since Jan 1st died of supposed leprosy complication—

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Druid St Cemetery

Date of Burial, Jan 18th 1883

Chas E Battin M. D.,

~~Medical Attendant.~~

Undertaker, Wm N Duncan

Place of Business, No 16 Stockton St *Address,* Assist of Wd Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63435 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 18 1883

Date of Death, Jan 17th 1883

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Harry Yaeger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 7 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 4 Hall St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 19 days

At the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 18

Undertaker, Henry Boiler

Place of Business, Hanover 81

Wm Lamb M. D.,
Medical Attendant.

Address, 1705 N Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63736 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 18 1883

CERTIFICATE OF DEATH.

Date of Death, January 16 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Weeks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 Leach alley

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. Sharp St

Date of Burial. Jany 18 1883

Undertaker, Wm H Chase

Place of Business, 1[illegible] E Fayette

T. S. Booze M. D.,
Medical Attendant.

Address, 210 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6343

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 5437 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, January 15th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Frisby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty One *Years,* *Months,* *Days,*

Color, ~~Dark~~ Colored

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} Vincent 3d House N. of Edmondson Ave

Cause of Death, First, (Primary,) "Phthisis Pulmonalis"

Second, (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, Jan 16 83

Undertaker, Wm J Gainsby

Place of Business, 116 Orchard *Address,* 584 W Fayette St

J. Williams M. D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63436 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 18 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Cooley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hodd Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 45 Chestnut Alley

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Neuralgia of the Heart

Duration of Last Sickness, Some time

All the above Information should be furnished by the Physician.

Place of Burial, Shark St

Date of Burial, Jan 18th 1883

W W Antrim M. D.,
Medical Attendant.

Undertaker, Alex Wembley

Place of Business, 116 Orchard St Address, 172 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63439 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 18 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 17, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Howard Carroll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 1 *Months,* 22 *Days,*

~~Color~~,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 390 E. Chase St

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan. 18 1883

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 234 N. Broadway

W. W. White, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Gottlieb

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 30 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 284 Lexington

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Asthenia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 19th

Undertaker, R. N. Small

Place of Business, 131 Hanover St *Address,* 114 Park Ave

F. E. Chatard Jr M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6324 11 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 18 1883

CERTIFICATE OF DEATH.

Date of Death, January 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Simmons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 228 N Broad St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 18th 1883

Undertaker, John Lake

Place of Business, 166 W Balto St

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 63442

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 18 1883

Date of Death, Jany 17. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benson Altmon

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, one *Years,* 6 *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —.

Place of Death, {Give street and number.} 138 Leader alley.

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Convulsions.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Sharpest Cemetery

Date of Burial, Jan 18 1883

Undertaker, H Ross

Place of Business, 95 Bonaparte St

H. H. Goodman, M.D.,
Medical Attendant.

Address, 98 Columbia ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63443 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 19 1883

Date of Death, Jan 17, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Hamberger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} — — —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 285 Canton Ave

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 285, Canton Ave

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small-pox.

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Scholam

Date of Burial, Jan 18th

Undertaker, Wm Eilau

Place of Business, 101 Gough St

A. N. Goswiler, M. D.,
Medical Attendant.

Address, 253, Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63444 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, Jan - 17 - 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jan Krusé

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* ~~—~~ *Months,* 25 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ~~—~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 34 Barnes Alley Balto.

Duration of Residence in the City of Baltimore, 25 days

Place of Death, { Give street and Number. } 34 Barnes Alley

Cause of Death, First, (Primary,) Adynamia — premature Birth

Second, (Immediate,) Adynamia

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial. St Alphonsus Cemetery

Date of Burial. January 18 1883

Undertaker, John Kearney

Place of Business, 382 Aliceanna St. *Address,* 128 Chew Alley

B. F. Evans M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6344/5 *Office of Registrar of Vital Statistics.* Ward 8/18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17 JAN 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W F Vaughan Jan.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 Calhoun St

Cause of Death, First, (Primary,)

Second, (Immediate,) Disease of Liver

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 18

Undertaker, M Cadogan

Place of Business,

Geo. H. Dunn M. D.,
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 63446

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 18 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 17. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Eberling.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 12 *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} High & Low Sts,

Cause of Death, First, (Primary.) Pneumonia;

Second, (Immediate.) convulsions,

Duration of Last Sickness, 8 hrs

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, January 18 1883

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

J. W. Chambers M.D.,

Medical Attendant.

Address, 138 N Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6344117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 19 1883

Date of Death, January 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecil Lewis

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} Sam'l Lewis, Attorney No. Broadway

Cause of Death First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Town

Date of Burial, Jany 19 1883

Undertaker, Henry Mitchell

Place of Business, 550 W Fayette St

C. D. Jam M. D.
Medical Attendant.

Address, Sam'l Lewis, Attorney
No Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY AND CO., PRINTERS AND STATIONERS.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6344178 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 18 1883

Date of Death, 17th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T Sneeds

~~Sex,~~ Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 10 *Months,* *Days,*

Color, Colored

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 263 S Fremont St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Shark's Cemetery

Date of Burial, Jany 18th 1883

Undertaker, G W Perkins Jr

Place of Business, 130 Henrietta av *Address,* 146 Hill St

L. D. Dyer M. D.,
Medical Attendant.

L. D. DYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ferred to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 6321419 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 65 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower. { Cross out the word not required in this line. } Widow

Occupation, Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co Md

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, { Give street and Number. } c/o 19 Second st

Cause of Death, First, (Primary,) Bright's disease of Kidneys

Second, (Immediate,) 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, January 19th 1883

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 W. Hill ave

J. E. Gorsuch M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63450 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 18 1883

Date of Death, January 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~4~~ *Years,* ~~*Months,*~~ ~~*Days,*~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} h. 226. S. Dallas St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, (12 hours)

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem.

Date of Burial, Jan. 18th

Undertaker, Wendell & Tippet

Place of Business, S. E. cor. Balto & Eutaw Sts

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Eastern Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 63481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 17 JAN 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth H. Dean

Sex, Male or Female, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Fleet n St 2d E. Franklin

Cause of Death {First, (Primary,) Phthisis

{Second, (Immediate,)

Duration of last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 20. 1883

Undertaker, H W Jenkins & Son

Place of Business, 75 S. Charles St.

Robt K Knead M. D
Medical Attendant.

Address, 882 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

J. C. DELANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63752 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 19 1883

Date of Death, ~~Wednesday~~ 17th January 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel H Thayer.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy Six *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Professor in the High School of Baltimore

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Massachusetts.

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and Number.} No 83. Centre St. Baltimore.

Cause of Death, First, (Primary,) Pulmonary apoplexy -

Second, (Immediate,) Apnea.

Duration of Last Sickness, One a few Moments. Sudden -

All the above information should be furnished by the Physician.

Place of Burial, Westminster Burial Ground

Date of Burial, Janry 19th 1883

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

Dr. Chas P Smith M. D.,
Medical Attendant.

Jno McCrackin Gibbons M.D.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...See Numbers Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 63453 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 18 1883

Date of Death, January 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Krause

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, One *Years,* 10 *Months,* 20 *Days,*

Color, White

Married, Single, ~~Widow~~ *or* ~~Widower,~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} Hamburg 347

Cause of Death, First, (Primary,) Small pox

Second, (Immediate,)

Duration of Last Sickness, [redacted] Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 18

Undertaker, G Krause

Place of Business,

H C Nelson M. D.,
Medical Attendant.

Address, S E cor Bath & Callow

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63754 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 18 1883

Date of Death, Jany 16

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* 5 *Days,*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State on country, and how long in the United States, if of foreign birth. } D. C'a

Duration of Residence in the City of Baltimore, 5 - 15

Place of Death, { Give street and Number. } 318 S. Charles St

Cause of Death, First, (Primary,) Vaccination

Second, (Immediate,) Septicaemia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan 19th 1883

Undertaker, C. F. Kranz

Place of Business,

R. McE. Ellis M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respect[illegible] List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63755 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 19 1883

Date of Death, Jan 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rodgers Sr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Fisherman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 66 S Exeter St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Debility

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Jan 19 1883

Undertaker, Jas P Byrne

Place of Business, 63 Hanover Address,

Wm H Diffenderffer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63456 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 18 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 17/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. Ed. Winks

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 5 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 370 East av.

Cause of Death, First, (Primary,) Variola Hemorrhagica

Second, (Immediate,)

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 19th 83

Undertaker, Wm Saunders Son

Place of Business, 252 Eastern av

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible] of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6345 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. nnder penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Tyte

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ship Joiner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 58 Fair Mount Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 19th 1883

Undertaker, Henry W. Mears

Place of Business, 646 W. Gay St

Nicholas L. Sothill, M. D., Medical Attendant.

Address, 207 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63458 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 18 1883

Date of Death, Jan 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Russel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 134 York st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, Jan 18

Undertaker, H Kerr

Place of Business,

Geo. W. Dunn M. D.,

Medical ~~Attendant~~.

Address, Com. & Smith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 18 1883

CERTIFICATE OF DEATH.

Date of Death, January 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bowen

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Forty four *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert County, Maryland

Duration of Residence in the City of Baltimore, About one year

Place of Death, {Give street and number.} No 83 Edmondson Avenue

Cause of Death, First (Primary,) Remittent Fever, with Typhoid State,

Second (Immediate,) Bronchopneumonia.

Duration of Last Sickness, About nine days.

All the above information should be furnished by the Physician.

Place of Burial, Western 6

Date of Burial, Jan 17 1883

Undertaker, J. B. Blackistone

Place of Business, Lumbard & 660

J. Ridgely Hammond M. D.
Medical Attendant.

Address 148 N. Carey Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Call Special Attention of Physician to the Remarks, and to Infectious Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63460 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 18 1883

CERTIFICATE OF DEATH.

Date of Death, January 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Markel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 2 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 17 East St

Cause of Death, First, (Primary,) Orphitinia

Second, (Immediate,) Paralysis & Brain

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Jan 21st 1883.

Undertaker, Peter Frey

Place of Business, 91 Eastern Av

E. J. Williams M. D., Medical Attendant.

Address, 62 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 63461

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63461 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Janry 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Bonney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 17 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 198 Register St.

Cause of Death, First, (Primary,) Catarrhal Fever

Second, (Immediate,)

Duration of Last Sickness, about four days

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, Jan 18 1882

Undertaker, J J Loeske

Place of Business, #73 Jefferson St

D W Cathell M. D., Medical Attendant.

Address, D W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63263 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Sugars.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 2 11 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 25 Carleton St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflammation of Brain -

Duration of Last Sickness, 3 ~~#~~ days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 18th 1883

Undertaker, Wm. H. Duggan

Place of Business,

J. W. C. Cuddy, M. D.,
Medical Attendant.

Address, 137 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

... to the Office where ... below, and ... List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63463 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bender

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 Mos *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baco

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 32 Barnes st

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Waltham

Date of Burial, Jan 18

Undertaker, F Henry & Son

Place of Business,

Geo. K. Dixon M. D.,

~~Medical Attendant.~~

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Office Where Issued, the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 5 4 1 6 4 / *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 18 1883

CERTIFICATE OF DEATH.

Date of Death, January 18th /

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry B. Engelhardt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 4 *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Corner of High & Granby Sts

Cause of Death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Several months,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 20 1883

Undertaker, Thos S Hughes

Place of Business, 60 E Balto St *Address,* 5

Wm Myers M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 63465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan- 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brennie

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No - 98. S. Castle St.

Cause of Death, First (Primary,)

Second (Immediate,) Scarlatina

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Jan 19th 83

A. J. Clarke M.D.
Medical Attendant.

Undertaker, G. Frank

Place of Business, Bank & Mt

Address, 235 - Gough St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63466

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JAN

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday, Jan 17th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Knorlein.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 5 *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Philadelphia Road. City.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diptheria.

Duration of last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Jan 18th 83

Undertaker, G Franc

Place of Business, Hans & Wolfe *Address,* Orangeville, Balto. Co. Md

R. W. Norris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTED BY J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 03467

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63467 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 1 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnus McNeal

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 3 Fountain St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan. 18th 1883

R. W. Mansfield M. D.,
Medical Attendant.

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann *Address,* 178 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

63468

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63468 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 17/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Owens

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days,*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Worcester Co. Md.

Duration of Residence in the City of Baltimore, 62 yrs.

Place of Death, {Give street and Number.} 112 Bank St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem.

Date of Burial, Jan. 19. 1883

Undertaker, H. A. Dreyer

Place of Business, 94 S. Bway

C. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...ance issued ...day of each week. 03469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63769 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, 18th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie House

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 19 *Years,* ... *Months,* ... *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Keeping House

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 290 S. Eutaw St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... 19

Undertaker, S. Kershner

Place of Business, ...

J. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St [illegible] St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Colored

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63470 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathan Hubbard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* 2 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 946 Eastern ave

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, Seven Days (a) 9 hrs.

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Jan 19 1883

Undertaker, H. C. Saunders & Son

Place of Business, 262 Canton Ave

L. L. Billmeyer M. D., Medical Attendant.

Address, 946 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special Attention of ... issued, Saturday of each week. ...to ... on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6374 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, January 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wedderkopf

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* 8 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} 512 W. Pratt. st.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial. January 19th 1883

Undertaker, Geo. Swinbeck

Place of Business, 589 W. Balto St.

I do L. Buddenbaum M. D., Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

7

Board of Health, City of Baltimore,

Permit No. 63472

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, January 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Rusk

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 125 N Dallas St

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number.} 259 N McDonough St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asthenia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 19-1883

Undertaker, Wm H Madden

Place of Business, 46 East St

George Walls M.D.,

Medical Attendant.

Address, 411 N Bond St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...for Burials, to the Office whence issued, Saturday of each week. 63473

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63473 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C. Dailey

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 1 Kirby's Lane

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) .....

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 19th 1883

Undertaker, Mrs P. Kümmert

Place of Business, 317 Mulberry St *Address,* 319 Hollins st

Gust Boeley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Coroner, to the Office whence issued, Saturday of each week. 63474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

63474

Board of Health, City of Baltimore,

Permit No. 63474 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 1883

CERTIFICATE OF DEATH.

Date of Death, January 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella M. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 150 N. Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Havre de Grace

Date of Burial, Jan 20

Undertaker, Th Arms & Hodges

Place of Business,

C. A. Gillis M. D.,
Medical Attendant.

Address, 150 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Burials, to the Office whe[illegible]

No. 63496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificat[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fille[illegible]* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17 January 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B. Newman

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 17 Years, Months, Day[illegible]

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cabot Co Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number} 103 Jackson St

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Diarhoea & Debility

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 19 82

Geo. G. Brewer M. D.

Medical Attendant.

Undertaker, M. F. Jordan

Place of Business, 63 Park ave

Address, 136 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be th[illegible] duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, t[illegible] furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set[illegible] ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible] son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] CITY PRINTERS AND STATIONERS. [OVE[illegible]

...each week ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63476 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Ruhe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 3 years 6 mo.

Duration of Residence in the City of Baltimore, 3 years 6 mo.

Place of Death, {Give street and Number.} 332 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 19

Undertaker, B Hauch

Place of Business, 82 West ff

Wm Goodel M. D.,
Medical Attendant.

Address, 670 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 63497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68477 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Peshinski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 416 Fell St.

Cause of Death, First, (Primary,) Variola followed by,

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, Jan 19 1883

Undertaker, G. Frank

Place of Business, Dorn & Wolfe

John H. Kehlenya M. D.,
Medical Attendant.

Address, 2143 Aliceanna St.

VOID

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when any case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

for Burials, to the Office whence issued. Saturday of each week. No. 63498

The Special Attention of Physicians is ... invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63498 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 18/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Brockley Sr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Coal Oil Dealing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 383 E Fayette

Cause of death, First, (Primary,) Variola (Hæmorrhagica)

Second, (Immediate,) Coma

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 19th 83

Undertaker, G. Frances

Place of Business, Dann & Wolf Address, 256 n Eden

F. H. Warner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials, to the Office whence issued. Saturday of each week. 63179

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63179 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1903

CERTIFICATE OF DEATH.

Date of Death, Janry 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Tillman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 158 West

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Poor House

Date of Burial, January 20

Undertaker, B. Hull

Place of Business, 82 West St

Wm P Ellis M. D.,
Medical Attendant.

Address, 312 Light St

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 63480

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63480 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1893

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm B Bowers

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 40 *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wightsville Pa

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 26 Clement St

Cause of death, First, (Primary,) Pericarditis

Second, (Immediate,)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 19th 1893

Undertaker, M J a Bayer

Place of Business, 714 S Bway

L. B. Pacette M. D.,

Medical Attendant.

Address, Fort Ave & Johnson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burial ... Permits ... week No. 63481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63481 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L Merchant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 2 *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 55 Bruen St

Cause of Death, First, (Primary,)

Second, (Immediate,) Catarrh

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, Jan 20

Undertaker, A. C. Randall

Place of Business, York Road & 6th

Silas N Hunter M. D., Medical Attendant.

Address, 26 Fremont Ave

266 E Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials to the Office whence issued Saturday of each ... of all Permits

No. 63482

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63482 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Mathews

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, Col

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 80 years

Place of Death, {Give street and Number.} 17 Hannon Lane

Cause of Death, First, (Primary,) ~~Supposed Opium~~ Old age

Second, (Immediate,) Shock from a fall

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jany 19 1883

Undertaker, H W Chase

Place of Business, 198 Harrison St

M M Anthim M. D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 63183

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

63183

Board of Health, City of Baltimore,

Permit No. 63183 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, January 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide L. Hartman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* 5 *Months,* 10 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 251 North Mill Avenue

Cause of death, First, (Primary,) Child birth

Second, (Immediate,) Septicaemia

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Hazelwood Cemetery

Date of Burial, Jany 20" 1883

Undertaker, M. A Daiz

Place of Business, 74 S. Broadway

Jno. S. Lynch M. D.,
Medical Attendant.

Address, No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63184 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, January 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magus Darby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* 11 *Months,* 1 *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~. {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md.

Duration of Residence in the City of Baltimore, 66 years.

Place of Death, {Give street and Number.} 32 Short St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Sharp St

Date of Burial, Jan 19 1883

Undertaker, S Wehrase

Place of Business, 1986 Howard St

Francis A Turner M. D.,
Medical Attendant.

Address, 103 N Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

mits 63485

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63485 *Office of Registrar of Vital Statistics.* Ward 7th 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January the 17

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hagar Ann Willson

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, one *Years,* 6 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Annapolis Md.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and Number. } 42 Shuter St

Cause of Death, First, (Primary,)

Second, (Immediate,) Comptsumtion

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Asprey

Date of Burial, January th 18

Undertaker, Samuel Chase

Place of Business, Hill St

Geo. W. Gibson M. D.,
Medical Attendant

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...will make returns of all Permits ...each week No. 63486

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hariet Harrison

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 214 S Shar

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, Grants

Date of Burial, Jany 19 1863

E Winchester *M. D.*
Medical Attendant.

Undertaker, S Wehrare

Place of Business, 199 Howard st *Address,* 158 Shar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday ... week.

No. 63487

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63487 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Townsend

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 4 *Months,* 5 *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Formerly Com. Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and Number.} 203 N Fulton Ave

Cause of Death, First, (Primary,) Had several attacks of Paralysis. Bright's disease & Stone in Bladder

Second, (Immediate,) The two latter

Duration of Last Sickness, 21 months

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying grounds. Harford Rd.

Date of Burial, January 20th/83

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St

Elias C Price M. D.,
Medical Attendant.

Address, 262 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials to t[illegible] whence issued Saturday of each week 6348

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6348 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, 18th Jan. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Ackermann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 879 W Pratt St

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,) Collapse

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial. Jan. 19 1883

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

H. H. Helmond M. D.,
Medical Attendant.

Address, 120 East St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials, to the Office whence issued, Saturday of each week. No. 6348[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6348[illegible] *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 19 1883

Date of Death, January 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Vogt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 19 *Months,* 9 *Days,*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No. 467 Saratoga St.

Cause of Death, First, (Primary,) Meningitis cerebro spinalis (not epidemica)

Second, (Immediate,) the same.

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 21/83

Undertaker, J B Cook

Place of Business, 77 W Balto St

Henry Sabin M. D., Medical Attendant.

Address, 169 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials, to [illegible] will make returns of all Permits [illegible] week ending No. 634

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 63490 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George McCaughen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Ireland 30 Years

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} 7 Willow St

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 11 mos

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Jan 19 1883

Undertaker, M Rosenberger

Place of Business, 70 Mulberry

Silas M Hunter M. D.,
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of I ... for Burials to the Office whence issued ... Back of this Je...

Board of Health, City of Baltimore,

Permit No. 6341 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 19 1883

Date of Death, Jan 19

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Steven Delahay

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* 4 *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 92 Plum all

Cause of Death, { First, (Primary,) 0 / Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, W L

Date of Burial, Jan 19

Undertaker, Kerdiman

Place of Business,

Geo. F. Gunsel M. D.,
~~Medical Attendant.~~
Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits 68492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68492 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, January 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birney Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* Three *Months,* *Days.*

Color, B

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 21 Saratoga St

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) "

Duration of Last Sickness, Few hours.

All the above information should be furnished by the Physician.

Place of Burial, Lowell

Date of Burial, Jan 19

Undertaker, Ed Mason

Place of Business, —

Whitfield Winans *M. D.,*
Medical Attendant.

Address, 115 E. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials, to the Office whence issued Saturday of each week. 6347

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63493 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 19. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 27 Shakspeare St.

Cause of Death, First, (Primary,) Variola.

Second, (Immediate,) .....

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, 19 th Jan

Undertaker, W. Dissel

Place of Business, 1513 Bondst

John H. Rehburg M. D.,
Medical Attendant.

Address, 1143 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office. 6344

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Ward 12

Permit No. 6344 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Hafele

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Twenty one Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 696 Penna ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician. Was not called until about twenty hours before death.

Place of Burial, Louden Park

Date of Burial, Jan. the 20

Undertaker, Walter Immel

Place of Business, 315 West Biddle Address, No 1 North Av

A A Pole M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...Burials, to the Office whence issued Saturday of ...ch week.

The Special Attention of Physicians is Respectfully invited to the ...arks below, and to List... Diseases on Back of this Certificate.

15

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Mc Kenna

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 40 *Years,* ——— *Months,* ——— *Days.*

Color, w

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Bedford, Mass.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 218 Hughes st

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Puerperal Convulsions

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Zion st Cemetery

Date of Burial, Jan 19 83

Undertaker, H Ross

Place of Business, 15 Conway st

W. L. Sandrock M. D

Medical Attendant.

Address, 227 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be th... duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, t... furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set... ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov...

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued. Saturday ... No. 63496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63496 *Office of Registrar of Vital Statistics.* Ward 19 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O Donovan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ... *Months,* ... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 23 Woodyard Al

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) ...

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 20th 1883

Undertaker, Robt J Scriven

Place of Business, 277 W Baltimore St *Address,*

H J Knuck *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits No. 63497

The Special Attention of _____ for Burials, to the Office within ___ hours after the ___ as Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63497 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen O'Connor

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 34 *Years,* 0 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Housework

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 154 N. Bond St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Coma

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 29th 1883

Undertaker, Chas J Semmes

Place of Business, 271 N Eutaw St

H. L. Friedenwald M. D.
Medical Attendant.

Address, 384 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

City of Baltimore will make returns of all Permits 63198

Office whence issued,

The Special Attention of Physicians ... it Must, in all Cases ... body to its Destination ... ow, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 63198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Alt-

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} ... *Months,* 4 ... *Days.* 14

Age, 6 *Years,*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 6 W. Henry St

Cause of Death, First, (Primary.) Scarletina & Diphtheria

Second, (Immediate.) Asthenia

Duration of Last Sickness, 7 da

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 21st 1883

Undertaker, Geo Lembach

Place of Business, 384 W. Pratt St

H. E. Stewart M.D.,

Medical Attendant.

Address, 59 N. Green St

Received

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6[illegible]

The Special Attention of Physicians is Respectfully Called to List of Diseases on Back of this Certificate.

Board of Health, [illegible] of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6324 99

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moxley Brandt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 21 Read St

Cause of Death First, (Primary,) Bronchs Pneumonia

Second, (Immediate,) ascites

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 21st Jany 1883

P. E. Chataud M.D.
Medical Attendant.

Undertaker, H.W. Jenkins & Sons

Place of Business, 75 N. Charles St *Address,* 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ns of all ...
...f each ... No. 6355

...mpany ...ist of Diseases on Back of this Certificate.

The Special Attention of Physicians is Respectfully ...

Board of Health, City ... Baltimore,

Ward 2

Permit No. 63500 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matilda Christiana Diering

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* 8 (nine) *Months,* 25 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Gallinas Cty

... and how ... United States, ... birth. Texas

...idence in the City of Baltimore, No Cor Caution Ave & Wolf

...eath, { Give street and Number. } Diphtheria

...ause of Death, { First, (Primary,) Septicemia

Second, (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jan 21st 1883

Undertaker, Thomas P. Evans M. D., Medical Attendant.

Place of Business, 232 Caution Ave *Address,* 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person sh... it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, who... notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons supe... as far as the same can be ascertained, the full name, sex, age and condition (whethe... the cause and date of death, except in cases of births and deaths of illegitimate chil...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63501 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Kiesler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 27 Beach Alley

Cause of Death, First (Primary),

Second (Immediate) Variola

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemty

Date of Burial, Jany 20/83

Undertaker B. J. Earle

Place of Business,

Wm Gould M. D.
Medical Attendant.

Address, 170 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 68082

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 420

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 19 1883

CERTIFICATE OF DEATH.

Date of Death, January 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Shelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 32 Smith St.

Cause of Death, First, (Primary,) A fall

Second, (Immediate,) Congestion of brain

Duration of Last Sickness, 28 hours

All the above Information should be furnished by the Physician.

Place of Burial, Mount Peter

Date of Burial, Jan 20th 1883

Undertaker, Andrews & Hodges

Place of Business, N 6th & Druid Hill Ave

J. H. Christian M. D.,
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63303 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 20 1893

Date of Death, Jan 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 293 Broadway

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Jan 20

Undertaker, Geo Schulling

Place of Business,

Geo. K. Dixon M. D.,
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63504 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 19/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Meyer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... 11 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 187 Caulton av.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 20th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Eastern av

R W Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68505 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Klingelhoefer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 7 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 Fountain St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, Five (5) days

At the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, Jan 20th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 4 E. Pratt

L. L. Hutton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63506 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 19/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Breyer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 7 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 289 Orleans st.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 21 th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton ave

R. W Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of ... is Req... ... Law, and to ... ...

Board of Health, City of Baltimore,

Permit No. 63607 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 19 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria A Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, W

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster Pa

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 110 E Monument"

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer Uteri

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 21 / 3 Oclock P.M. J H Sutton M. D., Medical Attendant.

Undertaker, H E Carman

Place of Business, 38 Eason St *Address,* 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physi... is respectfully asked.

Board of Health, City of Baltimore,

Permit No. 25678 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 20 1893

Date of Death, January 19th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kelum

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 3 *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 807 Hamburg st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial Shark st cemetery

Date of Burial, Jany 20/88

Undertaker, W. Rose

Place of Business,

Chas. H. Dunn M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce...

2

Board of Health, City of Baltimore,

Permit No. 63509

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dauy 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Andre Ament

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 11 *Years,* 1 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Sex, Male Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 169. S. Caroline St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Hydrops Pericardi

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Algernon Cem

Date of Burial, June 20

Undertaker, W Dugal

Place of Business, 151 E Bond

F. A. McManus M. D.
Medical Attendant.

Address 54. S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of thi

Board of Health, City of Baltimore,

Permit No. 63510 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 20, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Cornish

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 9 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} 126 Plum Alley

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cem'y

Date of Burial, Jany 20/83

Undertaker, H. Rose

Place of Business,

C. D. Smith *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 65511 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1893

CERTIFICATE OF DEATH.

Date of Death, Friday Jan 19th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Schleigh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 10 Prices Place

Cause of Death, First, (Primary.) Dyphtheria,

Second, (Immediate.) Dyphtheritic Paralysis and Coup.

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 20th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount ave

Wilmer Brinton M. D.,
Medical Attendant.

Address, 25½ Greenmount ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63512 . *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Gough,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, ed

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 16 Leadenhall St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial. Laurel

Date of Burial. Jany 20 1883

Undertaker, S Worrall

Place of Business, 94 Howard St

Wm Gamble M. D., Medical Attendant.

Address, 704 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 63673 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1893

CERTIFICATE OF DEATH.

Date of Death, Jan. 19. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Gibbs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* 3 *Months,* 4 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 32 Hamburg St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial. Jan. 21 1883.

Undertaker, S. W. Evans

Place of Business, 45 Monument

W. S. Booze M. D.,
Medical Attendant.

Address, 210 Shark St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6351 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 19/83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Marsh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widowed*~~ ~~*Widowed*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Jan. 20/83.

Undertaker, Pat. Hunt

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 03616 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philomena.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 4 *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum

Cause of Death, First, (Primary,) Exposure

Second, (Immediate,) General Debility

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 20/83

Undertaker, Pat. Hunt

Place of Business, Division & Townsend

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Hanlenar, Calfornia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the attached blank, and to list of questions on back of this

Board of Health, City of Baltimore,

Permit No. 63576 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 19th 1883.

JAN. 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs H Loveday

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ Years, 91 Months, ~~—~~ Days,

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 110. S. Caroline St.

Duration of Residence in the City of Baltimore, 21 months.

Place of Death, {Give street and Number.} #110 S. Caroline

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Abbey Cemetery

Date of Burial, Jan 22 1883

Undertaker, William Aburger

Place of Business, No 62 East St

Wm H Norris M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6357 17 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1883

CERTIFICATE OF DEATH.

Date of Death, January 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Edward Whitehill

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Nine *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 6 May St. Court

Cause of Death, { First, (Primary.) Phthisis Pulmonalis
Second, (Immediate.) }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial Loudon Cemetery

Date of Burial Jan 21 1883

Undertaker, William Monroe

Place of Business, No 42 East St

T. A. Jones M. D.,
Medical Attendant.

Address, 105 W. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 63578 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days,*

Color, ~~Black~~ Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 69 Jefferson st

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, Arbay E Green

Date of Burial, Jan 22 83

Undertaker, Geo Kemsley

Place of Business 116 Orchard st

J D Gross M. D.,
Medical Attendant.

Address, 137 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th

Board of Health, City of Baltimore,

Permit No. 63279 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 18. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Hall

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 25 *Years,* 1 *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Housewife,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 119 N. Charles St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) & Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redeemer Cemetery

Date of Burial, January 21 1883

Undertaker, John Kenney

Place of Business, 382 Orleans St

E. B. Kuck M. D.,
Medical Attendant.

Address, Balto Grad. Med.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 63520 *Office of Registrar of Vital Statistics.* Ward /

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 20 1893

Date of Death, Jan 19th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Luther

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 10 W. Fredericka St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 21

Undertaker, Theo J. Locks

Place of Business, 73 Jefferson St *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6 8 5 2 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Frederick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 years *Years,* *Months,* *Days*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilkesbarre Pa.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No. 85 North Stricker St.

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,)

Duration of Last Sickness, 10 (ten) days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, January 20th 1883

Undertaker, John Thacker

Place of Business, No 150 Saunders

John J McCleave M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63522 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1893

CERTIFICATE OF DEATH.

Date of Death, January 19 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Lainer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, Co Gum

Place of Death, {Give street and Number.} 437 Lombard St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Convulsion

Duration of Last Sickness, One Month

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 21

Undertaker, Joseph H Cook

Place of Business, 70 Hanover Baltimore

Medical Attendant, Dr. Shiver M. D.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th[illegible]

Board of Health, City of Baltimore,

Permit No. 63523 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 20 1883

Date of Death, January 19, 1883

Full Name of Deceased, {Write legibly and spell correctly. If accident not named, give names of parents.} Ida Shankel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* [illegible] *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 293 Hanover St

Cause of Death, First, (Primary,) Confluent Small Pox

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 22

Undertaker, H Breslin

Place of Business,

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 68524 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN. 20 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Thomas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— 84 *Years,* —— *Months,* —— *Days,*

Color, Mulatto

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co Md.

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and Number.} 2 Hardin Court

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Probably Failure of Heart – Had not been well for 2 months

Duration of Last Sickness, about 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Jan 20 1883

Undertaker, S M Chase

Place of Business, 198 Howard St

Chas R Van Bibber M. D.,
Medical Attendant.

Address, 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Th:

Board of Health, City of Baltimore,

Permit No. 65526 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN. 20. 1883

Date of Death, Jan. 18. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Baxter,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cooper,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 101 N. Wolf St.

Cause of Death, First, (Primary,) Cerebral embolism

Second, (Immediate,) Paralysis

Duration of Last Sickness, Unable to state.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Ethan Cemetery Balt Road

Date of Burial, January 20th 1883 H. Glanville Lusk M. D., Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 & S Broadway *Address,* Balt. & Wash. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68526 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 20 1883

Date of Death, Jan. 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Allen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* *Months,* 9 *Days,*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, Builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and Number.} 456 E. Baltimore St.

Cause of Death, First, (Primary,) old age.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 22nd 1883

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 299 E Baltimore St.

James E Donnelly M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 6852 / *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1883

CERTIFICATE OF DEATH.

Date of Death, Jan, 20th 1883, 3 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} New born Infant; son of Captain John M. & Jinnie Hunter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — ~~Years~~, — *Months,* three hours & 20 minutes ~~Days~~,

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation New born Infant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 458 E. Lombard St

Duration of Residence in the City of Baltimore, 3 hours & 20 Minutes

Place of Death, {Give street and Number.} 458 E. Lombard St

Cause of Death, First (Primary), Prolonged & Tedious Labor

Second (Immediate), —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 20th 1883

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway

A. Frey Shentzer M. D.
Medical Attendant.

Address, 11 E. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 8 8 2 8 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1903

CERTIFICATE OF DEATH.

Date of Death, Jan 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Gay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days,* 8

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 165 Register Ch.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 20

Undertaker, Grance

Place of Business,

Geo. W. Brown M. D.,
~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The

Board of Health, City of Baltimore,

Permit No. 6322 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 23 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 oclock A M Thursday Jan 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda Adelaide

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 61 Luzerne St City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 61 Luzerne St

Cause of death, First, (Primary,) Small Pox

Second, (Immediate,) do do

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Jan 20th 83

Undertaker, G France

Place of Business, Frank & Wolfe

J E Pickard M. D.,
Medical Attendant.

Address, 78 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63330 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, two years.

Place of Death, {Give street and Number.} 276 S Broadway.

Cause of Death, First, (Primary,) Pseudo-membranous Croup.

Second, (Immediate,)

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Jan 21st 83

Seen John H Kehlmeyer M. D., Medical Attendant.

Undertaker, G. Franck

Place of Business, Bank & Wolf

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Memoranda Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63631 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 20 1933

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1933

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1132 Gorsuch St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Jan 21 '33

Undertaker, G. France

Place of Business, 1 Bank St

M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 10 on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6552 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annet. Hennessy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 202 N Howard St

Cause of Death, First, (Primary,) Cerebral Pneumonia

Second, (Immediate,) Collapse

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial. St Vincents Cemetery

Date of Burial. Jan 20 1883

Undertaker, James P Byrne

Place of Business, No 63 N Fremont

L. Steell M. D., Medical Attendant.

Address, 148 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 63533

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 20 1883

CERTIFICATE OF DEATH.

Date of Death, January 20th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Douglas H Gordon

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 67 *Years,* × *Months,* × *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. } ×

Occupation, Nurse

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Falmouth Va

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number. } No 27th Franklin St

Cause of Death, First, (Primary.) Bright's Disease

Second, (Immediate.) Pneumonia

Duration of Last Sickness, Three days –

All the above information should be furnished by the Physician.

Place of Burial, Gr E Emmount Cem

Date of Burial, Jan 23rd 1883

Undertaker, H W Jenkins & Sons

Place of Business, 75 W Chas St

Riggin Buckler M.D.,
Medical Attendant.

Address, 135 N Charles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6335 34 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 20 1883

Date of Death, January 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horatio Nelson Lyons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 9 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Nr 40 Miller St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial. Jan 24 1883

Undertaker, Fry & Lee

Place of Business, 87 W Broadway

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6 3 1 3 5 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* —— *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Slaughter House Lane near Fremont St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) ——

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cem'y

Date of Burial, Jany 14/83

Undertaker, F. A. Kachner

Place of Business, ——

Geo. N. Dent M. D.,

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63536 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Berry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 56 Williamson Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Cemetery

Date of Burial, Jany 13/83

Undertaker, F. M. Kirchner

Place of Business,

Geo. W. Dixon M. D.,
Medical Attendant.

Address, Cent. & Fay. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63537 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Grant

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 248 Cross st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Publicker's

Date of Burial, Jany 13/83

Undertaker, F. A. Kershner

Place of Business,

Geo. N. Dixon M. D.,

Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63388 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eden Barnett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 208 Montgomery st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, Jany 15 83

Undertaker, F. A. Kershner

Place of Business,

Geo. K. Dixon M. D.,
Medical Attendant.

Address, 8 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63539 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Grier

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* — *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 80 Elbow Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, Jany 16/83

Undertaker, F. A. Kerchner

Place of Business,

Geo. H. Dimmock M. D.,
Medical Attendant

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6340 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joe Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* ——— *Months,* ——— *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Peddler

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} In rear 251 Hughes st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, January 16/83

Undertaker, F. A. Kerchner

Place of Business,

Geo. K. Dunn M. D.,
Medical Attendant.

Address, Cor. Hewitt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6355 H. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Blake

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* ~~11~~. *Months,* —— *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 191 West St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, Jany 18/83

Undertaker, F. A. Kershner

Place of Business,

Geo. W. Jones M. D.,
~~Medical Attendant.~~

Address, Cor Gilmor & Hurtt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6334/2 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bentley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. √

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 88 Little Church st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, Jany 18/83

Undertaker, G. A. Kerchner

Place of Business,

Geo. H. Bender M. D.,

~~Medical Attendant~~

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6354 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Peters

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 85 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norway

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 Avenue opposite 5th Regiment Armory

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Cathedral

Date of Burial, Jany 18/83

Undertaker, F. A. Kershner

Place of Business,

Geo. N. Benson M. D.,

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65744 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Blake

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 191 West 2d

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, Jany 19th 1880

Undertaker, F. H. Kershner

Place of Business,

Geo. H. Dunn M. D.,
~~Medical Attendant.~~

Address, 191 W. 2d St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63545 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Ames

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 35 Bungerty

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Public Cemetery

Date of Burial, Jany 19th 1883

Undertaker, F A Kershner

Place of Business,

Geo N. Dorsett M. D.,
~~Medical Attendant~~

Address, Cor of Hoath

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63576 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgia L James

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, — *Years,* 5 *Months,* — *Days,*

Color, d

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 518 Orchard

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W B Public Cemetery

Date of Burial,

Undertaker, F A Henderson

Place of Business,

Geo W Penson M. D.,
Medical Attendant.

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63547 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 20th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 47 Burgundy Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, Jany 22/83

Undertaker, F. A. Kerchner

Place of Business,

Geo. H. Benson M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63548 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 20/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Hamill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 63 Burke St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Jan 22/83

Undertaker, Denny & McCutcheon

Place of Business, 65 S. Broadway *Address,* 117 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6382[illegible] *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan, 19 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Breitenbach

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 2 *Months,* 8 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 5 Mc. Culloh st

Cause of Death, First, (Primary,) confluent variola

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Jan 20th

Undertaker, Fred Goede

Place of Business 298 S. Caroline *Address,* 3 N. Bway

Dausel *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63550 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Bradley

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 52 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 45 Chew St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cancer of Abdomen 6 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 21st

Undertaker, Geo. Schilling

Place of Business, ...

Dr. Brooke Bayle M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6855[illegible] *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 20 1893

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorcas Rebecca Reynolds

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* 8 *Months,* 13 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto ✓

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 197 Aisquith Street

Cause of Death, First, (Primary,) Double Pneumonia

Second, (Immediate,) Premature Labor with acute ~~Strangulated~~ Convulsions

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 22nd

Undertaker, Geo. Schilling

Place of Business,

J. E. Blickford M. D., Medical Attendant.

Address, 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6952 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 20 1883

Date of Death, Jan 20 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley Cole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 Clarkson Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Spinal Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Spring

Date of Burial, Jan 22 0

Undertaker, S Ross

Place of Business,

To be supplied

Dr O A Cook M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65553 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 20 1883

Date of Death, January 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eda Klein

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 480 Canton Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, E. B. Public Cem'y

Date of Burial, Jany 18/83

Undertaker, M. Coleman

Place of Business,

Geo. W. Dennis M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6566 / *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN. 20, 1883

Date of Death, January 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 205 S Wallace St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. B. Publicly

Date of Burial, Jany 17/83

Undertaker M Coleman

Place of Business,

Geo. N. Dobson M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63555 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1893

CERTIFICATE OF DEATH.

Date of Death, January 16th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Dziaki

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 320 Aliceanna st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. B. Public Cemy

Date of Burial, Jany 16/93

Undertaker, M. Coleman

Place of Business,

Geo. W. Dennis M. D.,
~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63556 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 20 1883

Date of Death, January 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Asbury Todd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Capt Tugs Augusta

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Penn Avenue Wharf

Cause of Death, 1 Variola Malegna (Supp.)
2 Primary
3 Exhaustion

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, E. B. Potters Cem

Date of Burial, Jan 20 1883.

Undertaker, Michael Coleman

Place of Business,

Saml E. Moffett M. D.,
Coroner & Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63557 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 20 1883

Date of Death, Jan 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valenta Kobeab

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 259 E. Bond st

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,) " "

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, E. B. Potters Cem'y

Date of Burial, Jan 20 1882

Undertaker, Michael Coleman

Place of Business,

Rehberger M. D.,
Medical Attendant.

Address, for Health Comm's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6355 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 20 1893

Date of Death, January 20th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Haehlen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower: {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, {Give street and Number.} 387 Eastern Avenue

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Evangelical

Date of Burial, Jan 20th 93

Undertaker, H. Lindenberg

Place of Business, 252 Eastern Ave

James F. Shaud M. D.,

Medical Attendant.

Address, 65 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63559 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN. 20 1883

Date of Death, Jany 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredk. L. Metz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 3 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} No 225 Canton Av

Cause of Death, First, (Primary,) Rachitis

Second, (Immediate,)

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 21 1883

Undertaker, Jno. Sanderson

Place of Business, 252 Canton

L O Wuderwitz M. D.,
Medical Attendant.

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Your Attention of Physicians is respectfully invited to the Mortuary Act, and to Rules [illegible] of this Office.

Board of Health, City of Baltimore.

Permit No. 63560 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elyn Riddiard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* — *Months,* — *Days,*

Color, W.

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co.

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and Number.} 773 N. Saratoga Street

Cause of Death, First, (Primary,) Inflammation of old age bacterial neck

Second, (Immediate,) Fracture of Femur done

Duration of Last Sickness, 1 two weeks ago

All the above Information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 22nd 1883

Undertaker, Perry & Mitchell

Place of Business, 550 W Fayette St

C. N. Neff M. D.,
Medical Attendant.

Address, 306 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63361 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. House

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* ——— *Months,* 39 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and Number.} 144 N. Central Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exanition

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, 21

Undertaker, Charles S. Butler

Place of Business, 133 N. Caroline St

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63362 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth V. Phillips

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 1 *Months,* 4 *Days,*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md,

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and Number.} 196 Callao St

Cause of Death, First, (Primary,)

Second, (Immediate,) Smallpox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 20 1883

Undertaker, J. L. Lodge

Place of Business, 173 Lemmon St

A. V. Goswiller M. D.,
Medical Attendant.

Address, 153. Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63563 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 20 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie V. Tilton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 Vernon St.

Cause of Death, First, (Primary,) Variolae - Hemorrhagica

Second, (Immediate,) Asthenia

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 21st 1883.

Undertaker, Leonhard Fuhr

Place of Business, 237 S. Bond St. *Address,* 74 E. Biddle

L. L. Tilton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6355 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
JAN 31 1883
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 19. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A Badger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 3 Peachblow

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Agnes

Date of Burial, Jan 21st 1883

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 210 Light St

T. V. Booze M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63565 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. SEP 21 1883 BALTIMORE, MD.

Date of Death, Sept 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Trenckhoff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 10 *Months,* 10 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B C

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 136 S. Regester

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Asthma

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Dr Ulphonsus Co

Date of Burial, 21 th Sept

Undertaker, W Leippel

Place of Business, 151 S Bond St

J. L. Winters M. D., Medical Attendant.

Address, 149 S Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13566 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 21 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 19. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Kern

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 29. Years

Place of Death, { Give street and Number. } York ave

Cause of Death, { First, (Primary,) — Second, (Immediate,) Phthisis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 21st 1883

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

Known Lott M. D., Medical Attendant.

Address, 146 Hamburg st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 13567 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Carl Heise~~ 20 January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl Heise

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 5 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Fronting a St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Effusion in the brain

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. Fay

Date of Burial, January 29 1883

Undertaker, Mrs Kummert

Place of Business, No 317 Monument

Dr J Reinhard M. D.,
Medical Attendant.

Address, 224 N. Eagle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 15

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 20. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbus Crowdy.

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balto. City since birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 62 Aisquith Alley

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,) Acute Bronchitis.

Duration of last Sickness, four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 24th 1883

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta St

A. E. Matt, M.D.
Medical Attendant.

Address, 283 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the p

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
JAN 21 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 20th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Rhoades

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 6 Hanans Row

Cause of Death { First, (Primary,) Diphtheria (Nasal & Pharyngeal)
Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing

Date of Burial, Jan 22/83

Undertaker, Fry & Bro

Place of Business, Fry & Brother

Howard Co

Robert S. Lowe M.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63571 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 21 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eugene Adkins.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 7 *Years,* 6 *Months,* ~~Days.~~

Color, d

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 8 New Church St

Cause of Death, { First, (Primary.) Smallpox. / Second, (Immediate.) }

Duration of Last Sickness, about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 21 83

{ *Undertaker,* Abt Hemsley / *Place of Business,* Marshall St }

Jno. Lee M.D.,
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6337 / *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 21 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Cooper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 13 *Years,* ~~Months,~~ ~~Days,~~

Color, (Colored)

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 12 Short st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Septicemia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, January 21st 1883

Undertaker, Wm. N. Dunger

Place of Business, No 62 East st

Thomas B. Evans M. D.,
Medical Attendant.

Address, 12 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63572 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 21 1883
BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, January 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Neal-

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 23 months

Place of Death, {Give street and Number.} 89 Druid Hill ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Harper Street M'd.

Date of Burial, Jany 22d 1883

Undertaker, Thos J Gray

Place of Business, 65 Mulberry

Alexander Tinsley M. D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 63573

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 21 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 19 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Köhler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* 2 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 58 Millington av

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Pleuritis is

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetri

Date of Burial, January 22 1883

Undertaker, John Herring

Place of Business 382 Colborne St

J. H. Chambers M.D.,
Medical Attendant.

Address, 133 N. Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63574 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 21 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ross Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years;* 10 *Months,* 4 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and Number.} 252 N Gilmor St

Cause of Death, First, (Primary,) Accidental Fall

Second, (Immediate,) Concussion of Brain

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Jany 22d 1883

Undertaker, John L Thacker

Place of Business, 150 Cumberland

H. Owen Thomas M. D.,
Medical Attendant.

Address, 582 N Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2866 Trans

Board of Health, City of Baltimore,

Permit No. 13575 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 21 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy Albert Meisenheimer

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Years, 4 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 237 N. Hopkins St

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) Inanition

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Hampden Bal Co

Date of Burial, Jan 21st 1883

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

J. W. Chew M. D.,
Medical Attendant.

Address, 257 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63376 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 31 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgeanna Conway

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 33 *Years,* *Months,* *Days,*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 113. N Caroline St

Cause of Death, { First, (Primary,) Typhomalarial Fever

Second, (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 21st

Undertaker, J. F. Hudson

Place of Business, 13 Eliza

Wm. L. Reese M. D., Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63577 *Office of Registrar of Vital Statistics.* Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 31 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Frank

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balty

Duration of Residence in the City of Baltimore, 8 mts

Place of Death, {Give street and Number.} 131 Leadenhall St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, H Fells Pt.

Date of Burial, January 22

Undertaker, B. Hurst

Place of Business, 52 West St. *Address,* 313 Light St.

R. McEllis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63578 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 21 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 20, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvin Gill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 6 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fort Deer Co Va

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 260 Fort Deer

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions.

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, January 23

{*Undertaker,* B. Hovel

Place of Business, 82 West } *Address,* 213 Eastern Ave

A. V. Carmichael *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63579 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 21 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January the 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} infant of Richard Norris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 2 union Ally

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Inanition

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan the 21st

Undertaker, Wm N. Donges

Place of Business, 62 East St

Geo. R. Benson, M. D.,

~~Medical Attendant~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63580 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 31 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Murray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Peddler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 16 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 869 Canton Avenue

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Sudden Death

Duration of Last Sickness

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Jany 21 1883

Undertaker, M A Daiger

Place of Business, 74 S. Bway

Jno. Mott M. D.,
Coroner & Medical Attendant.

Address, 17 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63581 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 22 1883

Date of Death, January 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gr Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 45 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 612 N Paca St

Cause of Death, First, (Primary,) Pulmonary Hemorrhage

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan 24th

Undertaker, Geo Schilling

Place of Business,

Geo B Taylor M. D.,
Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63382 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Seller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 267 S. Dallas St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 22 1883

Undertaker, John Flannery

Place of Business, 382 Orleans St

John H Kelbaugh M. D., Medical Attendant.

Address, 443 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6858 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Mei

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 331 S Bond St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Ten days

All the above Information should be furnished by the Physician.

Place of Burial Mound Cemetery

Date of Burial, 24th

Undertaker, W. Leippold

Place of Business, 151 S Bond St

John H. Kellogg M. D., Medical Attendant.

Address, 331 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63384 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, 21th January 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Schubert

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and Number.} Eastern Avenue 213.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters C

Date of Burial, 24 Ins.

Undertaker, W Leppel

Place of Business, 157 S Bond St

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

14

Board of Health, City of Baltimore,

Permit No. 63586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bullah C Clark

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bell

Duration of Residence in the City of Baltimore, ~ Franklin

Place of Death, {Give street and number} 492 W Baltimore St

Cause of Death { First, (Primary.) Diptheria

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Jany 22nd 1883

Undertaker, D Cruy & Hitchcock

Place of Business, 550 W Fayette St

Robt K Kneals M. D.
Medical Attendant.

Address, 534 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

13

Board of Health, City of Baltimore.

Permit No. 63586

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. M. A. Foster.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Minister.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Canada.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number.} 175 N Fayette st.

Cause of Death, First, (Primary.) (Pulmonary) Congestion Bronchitis.

Second, (Immediate.)

Duration of Last Sickness, 24-36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, January 23rd 1883

J. E. Whitelaw *M.D.,*

Medical Attendant.

Undertaker, Lemmy & Mitchell

Place of Business, 550 W Fayette St. *Address,* Fayette & Paca sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6887 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Kmahiski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} #259 S Bond St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Jan 22nd 83

Undertaker, G. Frame

Place of Business, Bank & Potts *Address,* 1434 Aliceanna St

John H Robertson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63388 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, January 20th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Bornstein

Sex, Male or Female, { Cross out the word not required in this line. } ~

Age, ~ *Years,* ~ *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Butler Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 47 Low St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Lem

Date of Burial, Jan 21st 83

Undertaker, G. Franz

Place of Business, Bonts & Wolfe

E J McMann, M. D. Medical Attendant.

Address, 66 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 63389 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Buchholtzer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 18 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } No. 236 E. Baltimore St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Variola

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Ch

Date of Burial, Jan 22nd 83

Undertaker, C. Frazier

Place of Business, Pratt & Howard *Address,* 242 E. Pratt St

..... M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63590 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A. Bollman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / Female

Age, 20 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ / ~~Widow~~ / ~~Widower~~

Occupation, Goldsmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 217 Conway St

Cause of Death, First, (Primary,)

Second, (Immediate,) Malignant Scarlet fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 23rd 1883

Undertaker, Wm J. Tickner

Place of Business, 66 S. Eutaw

J. C. Burch M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore.

Permit No. 6355-97

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenny Stillings

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Forty-three *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty-five years

Place of Death, {Give street and number.} 13 Dramcliff Sh

Cause of Death, First, (Primary.) Central Tumor

Second, (Immediate.) Coma

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 22 1883

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St

Dr H Barclay M.D.,
Medical Attendant.

for Homeopathic Dept

Address, 38 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63572 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Janry 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Schroeder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four — *Years,* — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} # 64. Mullinan -

Cause of Death, First, (Primary,) Small Pox —

Second, (Immediate,) do —

Duration of Last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan 22, 1883

Undertaker, C. E. Pharoll

Place of Business, 269 Carlton *Address,* 862 Fayette St

G A Dohmen - M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63573 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN. 22 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Isaac

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* ..... *Months,* ..... *Days,*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Car-Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and Number.} 1411 S. Bethel

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Asthenia

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, Jan 22nd 83

Undertaker, J J Looks

Place of Business, 1873 Jefferson *Address,* 77 S. Broadway

D L Wilson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63294 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, January 21st 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Bachmann

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 4 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 32 Pollney St.

Cause of Death, First, (Primary,) Catarrh Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 2 Wk. 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, January 22.

Undertaker, B Hauk

Place of Business, 82 West St.

Louis Hohn M. D.,
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63596 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Burke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 332 Hanover St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Variola

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet.

Date of Burial, January 25

Undertaker, B. Black

Place of Business, 81 West St

Wm Lunch M. D.,
Medical Attendant.

Address, 408 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

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Board of Health, City of Baltimore,

Permit No. 63696

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich ~~Lauch~~ Lanoch

Sex, Male or Female, {cross out the word not required in this line.} male

Age, — Years, two Months, — Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 5 Henry st

Cause of Death, First, (Primary,) —

Second, (Immediate,) Lumbago

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, January 22

{Undertaker, B. J. Hale

{Place of Business, 82 West St

W. C. Sandrock M. D.
Medical Attendant.

Address, 227 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6557 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schroeder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* 4 *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~34 years~~ Adenbury Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and Number.} 132 Cups St

Cause of Death, First, (Primary,) Bilateral Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, January 23

Undertaker, B. Marle

Place of Business, 82 West St

Louis Hom M. D.,
per E.M.C. Medical Attendant.

Address, 226 Aisenberg Ln

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63598 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1898

CERTIFICATE OF DEATH.

Date of Death, Jan 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Chas Lohlemann

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 39 Law St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 22

Geo W. Dorsey M. D.,
Medical Attendant.

Undertaker, Chas Lohlemann

Place of Business, *Address,* Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63577 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, January 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena a Maffei

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 40 N High St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Broncho Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 23rd 1883

Undertaker, Jas P Byrne

Place of Business, 63 N Front St

J. W. Hook M. D.,
Medical Attendant.

Address, 75 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 63600 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21st - '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J. Conway.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Contractor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 300 W. Lombard st

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial, Jan 23rd 1883

Undertaker, H. W. Eshleman Sons

Place of Business, 75 N. Chas st

C. O'Donovan M. D.
Medical Attendant.

Address, 116 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63601 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Yolis Lazarus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 12 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 331 Park Ave

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Cerebral Meningitis Acute Effusion

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Hebrew Cem.

Date of Burial. Jan 23rd 83

Undertaker, Neil Jenkins Co

Place of Business, 75 N Charles *Address,*

Chas. L. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 63602 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brodrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 66 S. Duncan Alley

Cause of death, First, (Primary,) Childbirth.

Second, (Immediate,) Septicaemia

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Jany 23. 83

Undertaker, H. Sandy & Son

Place of Business, 202 Caroline

Jno. S. Lynch M. D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63603 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st, 1872

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Cooksey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No. 227 Eastern Ave

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Variola

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Jan 22. 72

Undertaker H. Sanders & Son

Place of Business, 252 Eastern Ave

J. [illegible] Smith, M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1

Board of Health, City of Bal

Permit No. 63604

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 20th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Roescher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 49 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germ.

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number.} Rose St. No. 33 (Canton)

Cause of Death, First, (Primary.) Brights Kidney and Cancer of the Labia Enterna

Second, (Immediate.) Exhaustion

Duration of Last Sickness, about 2 mo.

All the above information should be furnished by the Physician.

Place of Burial, I German Cemetery

Date of Burial, Jan. 22th 1883

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann

C. N. Schuster M.D.,
Medical Attendant.

Address, S.W. cor. Wolf & Canton ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63605 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 20, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Virginia Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, 2 *Years,* 2 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 47 N Vincent Alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) .....

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, January 23 1883

Undertaker, J. B. Crook

Place of Business, 707 West Baltimore *Address,* 319 Hillen St

James S Bosley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63606 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 22nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. P. Lyons

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty three *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married, Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, B & O Railroad Man

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard County, Md.

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and Number.} ~~At~~ 91 S. Calhoun St

Cause of Death, First, (Primary,) Acute " Bronchitis " Heart trouble

Second, (Immediate,) " Typho Malarial Fever "

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Jan. 24th 83

Undertaker, J B Cook

Place of Business, 709 W. Balto St., *Address,* 584 W. Fayette St.

Jas. F. Sutheran M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 6360 / *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Nikolaus Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth,

Place of Death, {Give street and Number.} # 340 S. Bond St.

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Jan 23 d

Undertaker, Fred Gaede

Place of Business, 298. Caroline St *Address,* 243 Aliceanna St,

John H. Rehburg M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

15

Permit No. 63608

Board of Health, City of B.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 21. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard. R. Broadwater

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* 7 *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Mechanic

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Accomac Co. Va

Duration of Residence in the City of Baltimore, 52 years

Place of Death, { Give street and number. } 6 Johnson St

Cause of Death, First, (Primary.) Typhoid. Pneumonia

Second, (Immediate.) Severe Bronchitis

Duration of Last Sickness, 14. Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 23d 1883

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

H. B. Noble M.D.,
Medical Attendant.

Address, 55 Warner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16- **Board of Health, City of Baltimo**

Permit No. 63609

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca A. Harrison

Sex, ~~Male or Female,~~ {cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 166 Hughes Street

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Bronchitis

Duration of last Sickness, (2) Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Cem

Date of Burial, Tuesday Jan 22

Undertaker, Armstrong Bros

Place of Business, 263 Eight

D. J. Reinhart M. D.
Medical Attendant.

Address, 1660 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

17 **Board of Health, City of Baltimo**

OFFICE OF REGISTRAR OF VITAL

Permit No. 63610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Hartlove

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 21 Da

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} 176 Fort ave

Cause of Death { First, (Primary,) Imperforate Anus } Parents would n
{ Second, (Immediate,) Non-nutrition } consent to an ope ation

Duration of last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Leadenhall

Date of Burial, Jan 22 1883

Robert S. Lowe M.
Medical Attendant.

Undertaker, Lentz & Lemmon

Place of Business, 263 Light St

Address, 233 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be t duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the p son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

Board of Health, City of Baltimore,

Permit No. 6361 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the ~~presentation of this Certificate~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, 21st January 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Ridgway

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 62 *Years,* *Months,* *Days,*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 162 Stirling

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 6 mos

At the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 22 1883

J H Welsh M. D., Medical Attendant.

Undertaker, Armstrong & Sons

Place of Business, 263 Light *Address,* 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 63612 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22d 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Addie Monroe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 10 *Years,* — *Months,* — *Days,*

Color, Black

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 216 Harriett st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemty

Date of Burial, Jany 22/88

Undertaker, S. W. Shaw

Place of Business, ...

Geo. W. Dunn M. D.,

Medical ~~Attendant~~.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63613 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, January 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Barbour

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* ——— *Months,* ——— *Days.*

Color, ed

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 17 Orchard St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 22 83

Undertaker, Alf Hemsley

Place of Business, 116 Orchard St

W. B. Browne M. D.,
Medical Attendant.

Address, 387 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63614 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and Number.} 109 Shultz Alley

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Convulsions from Teething

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 25 82

Undertaker, Alex Kennedy

Place of Business, [illegible]

M Antim M. D.,
Medical Attendant.

Address, 172 Fountain St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63615 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 1883

CERTIFICATE OF DEATH.

Date of Death, January 21 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rick Holland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt= City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} # 178 S Eden st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, H. Cross Cemetery

Date of Burial, June 23 /83

Undertaker, M. F. Curran

Place of Business, 53 S. Broadway

L Oldenderf M. D.,
Medical Attendant.

Address, 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63616 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Clare

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 6 *Years,* 10 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 646 Wilkens

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Paralysis of bowels

Duration of Last Sickness, 4 wks (about)

All the above Information should be furnished by the Physician.

Place of Burial Mt Olivet Cemetery

Date of Burial, Jan 23. 1883

Undertaker, Thos S Hughes

Place of Business, 60 E Balto St

L. Stull M. D.,
Medical Attendant.

Address, 1402 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6367 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam T Chase

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 20 Yorush.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Funnel

Date of Burial, Jan

Undertaker, L W Chase

Place of Business,

Geo. H. Dixon M. D.,
Medical Attendant.

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth r as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and ause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 52 Boyd

Cause of Death { First, (Primary,) Puerperal Peritonitis
Second, (Immediate,) .....

Duration of last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 23 1883

Undertaker, G W Chase

Place of Business, 199 Howard St

J. Gpt. Bales M. D
Medical Attendant.

Address, 1½ So. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

9 11

Board of Health, City of Baltimore,

Permit No. 63619

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 22 1893

CERTIFICATE OF DEATH.

Date of Death, Jany 20th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Buffington Egerton

~~Sex~~, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~——~~ *Years,* 1 *Months,* 14 *Days.*

~~Color~~, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~——~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 123 W Madison St

Cause of Death, First, (Primary.) Dropsy

Second, (Immediate.) Uraemia

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Monday Jany 22nd 93

Wm Lucas *M.D.,*

Medical Attendant.

Undertaker, J. H. McCoy & Co

Place of Business, #22 W. Fayette St

Address, 143 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and, the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63620 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1883 BALTO

CERTIFICATE OF DEATH.

Date of Death, January 21

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Mueller Jr

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt- Md

Duration of Residence in the City of Baltimore, 3

Place of Death, { Give street and Number. } 333 Eastern Av

Cause of Death, First, (Primary,) —

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mt Samuel Cem

Date of Burial, January 23 '83

Undertaker, H. Southern Jun

Place of Business, 202 Baltimore

L O Wintermute M. D., Medical Attendant.

Address, 12 S Edo av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63621 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 2 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Rosenthal

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Balto~~ Co. Licensed

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 162 Chesapeake St

Cause of death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Jany. 22. 83

Undertaker, Handley & Son

Place of Business, 202 Eastern Ave *Address,*

H. H. Warner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63622 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 22 1883

Date of Death, Jan. 22nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alexander Brice

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days,*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Porter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 241 Howard St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Church.

Date of Burial, Jan 22

Undertaker, J. Ross

Place of Business,

A. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63623 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 22 1883

Date of Death, Jany. 22nd 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jed. L. Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 Mos. *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 47 N. Bond St.

Cause of Death, First, (Primary,) Premature birth & Inanition

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 22nd 83

Undertaker, Denney & Whitehair

Place of Business, 658 Bway

J. L. Winter M. D., Medical Attendant.

Address, 47 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6562 — *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loyd Pierce

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 Vincent alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 22

Undertaker, W H Dugee — Dr J F Shem M. D.,

Place of Business, ... *Address,* ..... Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63625 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Niemann.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 45 Ridgely St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 25th 1883

R. J. N. Tall. M. D.,
Medical Attendant.

Undertaker, Emil Schlaudecker

Place of Business, 200 Sharp St. *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully solicited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 63626 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 22 2 1883

Date of Death, January 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elles G Howard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Princes Ann Somerset County Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 152 S Chappel St

Cause of Death, First, (Primary,)

Second, (Immediate,) Comtsumtion

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Methodist Burial on Philadelphia Road

Date of Burial, Jan the 23 d

Undertaker, Mr Senders

Place of Business, Canton av,

Geo N Dunn M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63627 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1883

CERTIFICATE OF DEATH.

Date of Death, January 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Watson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 94 Stirling St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23 1883

Undertaker, Wm H Hackmon

Place of Business, 234 S Eden St

Wm. H. Russell M. D.,
Medical Attendant.

Address, 158 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

Board of Health, City of Baltimore,

Permit No. 63628

Office of Registrar of Vital Statistics,

RECEIVED JAN 22 1883 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet A Garrett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 0 *Months,* 0 *Days.*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} No 120 Casper Alley

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 22

Undertaker, F Kerchner

Place of Business,

C B Hoover *M.D.,*
Medical Attendant.

Address, Cor Pratt & Patterson

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 Jan 1863

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willi Am Thos

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Silversplater

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 121 N. Broadway

Cause of Death First, (Primary,)

Second, (Immediate,) Small pox

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetr

Date of Burial, January 23

Undertaker, Jos. H. B Cook

Place of Business, 707 West Balt

Bob Am Thos acting M. D and N. Wright Medical Attendant. 55 Gilmor

Address, 121 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUGLE ANY & CO. CITY PRINTERS AND STATIONERS

[OVER

Board of Health, City of Baltimore,

Permit No. 63630 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 23-83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Denlein

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 8 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltv. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 49. S. Chapsdl st

Cause of Death, First, (Primary,) confluent variola

Second, (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 25th 83

Undertaker, G. Franc

Place of Business, Bonds & Mc

Dausch M. D.
Medical Attendant.

Address, 3 N. B'way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63631 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 22 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Reich

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 73 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, cabinet maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 34 N. Durham st

Cause of Death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Jan 24 83

Undertaker, G. Frazer

Place of Business, 1 Park Ave

Dausel *M. D.,*
Medical Attendant.

Address, 3. N. Bivery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 63632 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Gaudler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 16 E Pratt

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Jan 24th 82

Undertaker, G. Frame M. D.,

Place of Business, Bank & Wolfe *Address,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Th[illegible] Special Attention of Physicians is respectfully invited to the [illegible] Section [illegible]

Board of Health, City of Baltimore,

Permit No. 63633 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Seffert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days,*

Color, W

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 3 4

Place of Death, {Give street and Number.} 37 Clarkson

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, January 24

Undertaker, B. Heuck

Place of Business, 52 West [illegible] *Address,* 813 Light

[illegible] & P Elle's *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63634 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Tucker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 424 E. Madison St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial. Jan 24th

Undertaker, Geo. Schilling

Place of Business,

Wm. E. Russell M. D.,
Medical Attendant.

Address, 230 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63635 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luisa Driual

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 106 N. Washington St.

Cause of Death, First, (Primary,) Burn

Second, (Immediate,) Nervous Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial. January 23 1883

J. Helmberg M. D.,
Medical Attendant.

Undertaker, John Keenan Jr

Place of Business 382 Orleans St Address, 364 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63636 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~.

Date of Death, Jan 21st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Delia Garrett

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } wife Da Baum died

Age, ... *Years,* unmarked *Months,* County *Days,*

Color, colored

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Servant-

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 66 Clifford St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Jaundice & Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23rd 1883

Undertaker, E. W. Shaw

Place of Business, 198 S. Howard st.

H. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63637 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Semeline Dorn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 95 *Years,* *Months,* *Days,*

Color, colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 93 Lee st.

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Green st

Date of Burial, Jan 22 1883

Undertaker, Bishop

Place of Business, 193 Hanover st

N. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Rules and Regulations printed on Back of this

Board of Health, City of Baltimore,

Permit No. 6363 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 21, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Allisi

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 8 *Years,* 2 *Months,* 24 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 167 Chestnut St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) ———

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 24 1883

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible]

J. W. Hone, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 68639 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 21, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Martin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* *Months,* *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Coachman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queene Anns Co Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 378 Pennsylvania Ave Between Pratt & Lee

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Endocarditis & Dropsy

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23 83

Undertaker, Robt Hemsley

Place of Business 116 Orchard & 626 *Address,* S

G. Watkins *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore, 11

Permit No. 63640 *Office of Registrar of Vital Statistics.* Ward ~~20~~

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 22. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Harvey Fortune

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 weeks ~~Years~~, *Months,* *Days,*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 74 Light Alley

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Collaps

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 23 83

Undertaker, Chas Hennig

Place of Business 116 Orchard St *Address,* 223 Franklin St

John W. Brown *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6 8 6 4 1 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Schmitt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} H.C. Balto

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Croup

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, E.B.

Date of Burial, Jan 23

Undertaker, W. Coleman

Place of Business, ...

Geo. N. Dixon M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63642 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Long

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* —— *Months,* ...... *Days.*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} East Va

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 342 E Baltimore

Cause of death, First, (Primary,) Phthisis Pulmonum

Second, (Immediate,) Anemia

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 24th 1883

Undertaker, Manny & Mitchell

Place of Business, 66 S Broadway *Address,* 66 S Broadway

D. G. Gillett *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 68643 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Small

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 20 Lucy Alley

Cause of Death, { First, (Primary,) Second, (Immediate,) } Cholera Infantum

Duration of Last Sickness, 3 Days

All the above Information should be furnished by the Physician.

Place of Burial, Emanuel's Cemetery

Date of Burial, Jan. 23rd 1883

Undertaker, John C. Schultz

Place of Business, 265 Lucy Ann St. *Address,*

M. D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6364 / *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 22 - 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma L. Kammerer.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 33 *Years,* 6 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life.

Place of Death, { Give street and Number. } N. E George & Arlington Ave

Cause of Death, First, (Primary,) Cardiac (Heart disease)

Second, (Immediate,) Heart clot

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Jan 24th 1883

W. F. Eck Emp M. D.,

Medical Attendant.

Undertaker, H. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 55 No Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63615 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Froelich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 66 S. Duncan Alley

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,) ~~3 days.~~ Scarlatinal poison

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Jany. 23. 83

Undertaker, H. Saddler & Son

Place of Business, 202 Canton Ave. *Address,* 1 S. Broadway

Jno. S. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65646 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Hofer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lifting Insurance Agent

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 56 Years

Place of Death, {Give street and Number.} 1915 S. Ann Street

Cause of Death, First, (Primary,) 2 Suicide. Pistol shot in

Second, (Immediate,) 3 right temple

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Ft Ev. Lutheran Cem

Date of Burial, Jany 24. 83

Undertaker, H. Snyder Jr. Father Morfit M. D.,

Place of Business, 202 Caton Av Address, 607 East Baltimore St Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

12

Board of Health, City of Baltimore,

Permit No. 63647 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet A. Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} E. Berlin. Penn.

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 336 N. Eutaw St

Cause of Death, First (Primary,)

Second (Immediate,) Paralysis

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Jany 24th 1883

H. R. McHenry M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN,

Place of Business, UNDERTAKERS, 35 Park Ave. *Address* 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 1883

CERTIFICATE OF DEATH.

Date of Death, January 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Ophelia Shryock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 155 N. Calvert Street

Cause of Death, First (Primary,) Cancer.

Second (Immediate,) Paralysis of Heart

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount City

Date of Burial, January 23rd 1883.

A. N. Bell M. D.
Medical Attendant.

Undertaker,
Place of Business, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Address 234 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 63649 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Beale

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 74 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ...

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Annapolis Co. Md

Duration of Residence in the City of Baltimore, Entire Time

Place of Death, { Give street and Number. } 912 Lanvale St

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Bronchitis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 24

Undertaker, C M Blizard

Place of Business, 198 W Pen ave

C. Wilcox M. D.,
Medical Attendant.

Address, 212 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63650 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21 — 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} I. N. Sheldon.

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Potter.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Staffordshire England

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and Number.} Hanlett St. near Nicholson Locust Pt.

Cause of Death, First, (Primary,) Chronic Bronchitis 7

~~Second, (Immediate),~~ Pulmonary Asthma 7

Duration of Last Sickness, Four years.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Jan. 23 / 93

Undertaker, H. A. Daige

Place of Business, 74 S. Bway

Alfred R. Lukens M. D., Medical Attendant.

Address, 147 Locust near Stiles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63651 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 21 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria F. Chapman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation, Wife ~~Housewife~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 68 Edmondson Ave

Cause of Death, First, (Primary,) Cerebral Hemorhage

Second, (Immediate,) Paralysis

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Greenmt. Cem.

Date of Burial. Jan. 24 '83

G. G. Lee M. D.,

Medical Attendant.

Undertaker, M. A. Dugan

Place of Business, 44 S. Bway

Address, Balt. & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63652 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Thomas Kerr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 3 *Months,* 17 *Days.*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 281 S. Bond St.

Cause of death, First, (Primary,) Tubercular Consumption

Second, (Immediate,) Asthenia

Duration of Last Sickness, 7 months

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan. 24 '83

Undertaker, H. A. Dauzer

Place of Business, 44 S Bway

Jno. S. Lynch M. D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63663 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Lee Gathwright

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, one *Years,* ten *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 17 South [illegible] Ann St,

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Jan. 23. /83

Undertaker, H. A. Dayer

Place of Business, 44 S. Bway

[illegible] M. D.,
Medical Attendant.

Address, 17 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63654 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Sept~~ Jany 22. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia White

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, About 13 *Years,* *Months,* *Days,*

Color, Black

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, About 10 years

Place of Death, {Give street and Number.} 22 Eutaw St

Cause of Death, First, (Primary,) Tubal Nephritis

Second, (Immediate,) Uraemic convulsions

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jan 23rd 1883

Undertaker, J J Locke

Place of Business, #73 Jefferson St

A. M. Wilson Jr M. D.,
Medical Attendant.

Address, Balto Gen'l Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63665 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 23 1883

Date of Death, January 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Cottman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 *Years,* —— *Months,* —— *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 298 Hamburg st

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Small Pox

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial. Jany 23/83

Undertaker, F. W. Kerchner

Place of Business, ——

Geo. N. Dent M. D., ~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 63656 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN. 23 1883 BALTO.

Date of Death, Jan 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otilia Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 115 S. Dallas St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Jan 23rd 1883

Undertaker, F. Gaede

Place of Business, 29 S. Caroline St.

Geo. H. Denson M. D.,
Medical Attendant.

Address, Comm. of Health Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13657 *Office of Registrar of Vital Statistics.* Ward 20"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Jany 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Infant Child Fleckenstein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Half Hour ~~Days,~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 210 N. Caroline Ave

Cause of Death, First, (Primary,) Prematurity

Second, (Immediate,)

Duration of Last Sickness, Lived only a few Minutes

All the above information to be furnished by the Physician.

Place of Burial Rochester N. Y.

Date of Burial. Jan 23 - 83

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette Address, 206 N. Caroline Ave

John Neff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2867 Trai [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kathe Eidmann

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, five *Years,* four *Months,* *Days.*

Color, whit *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 169 Hamburger-ste.

Cause of Death, {First (Primary,) Second (Immediate,) Meningitis

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Lauderwark Cem Adolph Boehm, M. D.

Date of Burial, Jan 24th 1883 Medical Attendant.

{*Undertaker,* Julius Koehler *Address*

{*Place of Business,* Harford Cross 8th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63689

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JAN 23 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhina Schuler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 yrs

Place of Death, {Give street and number.} 223 Central Ave

Cause of Death, First, (Primary.) Wear of Leg

Second, (Immediate.)

Duration of Last Sickness, Several yrs

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, 25th January

Undertaker, Adam Funk

Place of Business, 401 E. Gay St

M. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E Preston St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Jane Suter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 19 *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 188 Hughes St

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Pneumonia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 23rd 83

W. C. Sandrock M. D.
Medical Attendant.

Undertaker, Geo Perkins

Place of Business, 184 Henrietta *Address,* 227 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63661 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Hood

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 36 *Years,* 7 *Months,* ——— *Days,*

Color, Black

Married, ~~Single, Widow, or Widower,~~ {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 1 Morris Alley

Cause of Death, First, (Primary,) Phthisis pulm. catarrhalis

Second, (Immediate,) asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cem

Date of Burial, Jan 24th 1883

Undertaker, Robt F. Scriven

Place of Business, 271 N Eutaw St

Edw. S. Conlyn M. D.,
Medical Attendant.

Address, 244 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 13762 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death Jany. 23. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Alfred Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~ *Years,* ~ *Months,* 2 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and Number.} # 267 N. Dallas St.

Cause of Death, First, (Primary,) Eclampsia

Second, (Immediate,)

Duration of Last Sickness, 24 hrs.

All the above Information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, January 24 83

Undertaker, M Coleman

Place of Business, Co Eager & Wolfe *Address,* # 305 N Caroline St

Geo. A. Hartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63463 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 22nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alexander Williams

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and Number. } 80 Burgundy Alley

Cause of Death, First, (Primary,) Articular Rheumatism

Second, (Immediate,) Acute Peritonitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedarville

Date of Burial, January 24 1883

Undertaker, Hercules Ross

Place of Business, 95 Conway St

A. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63664 *Office of Registrar of Vital Statistics.* Ward 1 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 23 1892

Date of Death, Jan 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lettie Crommell

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 5 *Years,* 7 *Months,* *Days,*

Color, CA

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 11 N Castle St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, EP

Date of Burial, Jan 22

Undertaker, M Cookman

Place of Business,

Geo H Dimmock M. D.,
~~Medical Attendant.~~
Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63665 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Garrison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 10 S. Wolfe

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,) " "

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, Jan 22-1883

Undertaker, H C Coleman

Place of Business,

Geo W Owen M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63666 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 23 2 1893

Date of Death, Jan 23d

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of C Stewart

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years,~~ *Months,* 2 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 353 St Stricker

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 353 St Stricker

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 24

Undertaker, Geo Boughter

Place of Business, 320 Bern Ave Address,

G. Watkins M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63667 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 22 12 1883 BALTIMORE

Date of Death, July 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C C Burton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} yes

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 161 Lafayette

Cause of death, First, (Primary,)

Second, (Immediate,) Hemiplegia of Stomach

3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 24th 1883

Undertaker, J E Bonaparte

Place of Business, 320 Cathedral *Address,*

H. H. Cuan *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as near as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63668 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 23d, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ostendorf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 276 S. Ann St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Jan 24

Undertaker, W Dippel

Place of Business, ...

John H Kell M. D.,
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63669 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 39

Place of Death, {Give street and Number.} 178 Hughes St

Cause of Death; First, (Primary,) Consumption & Cistitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 Wks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Jan 24 1883

Undertaker, Armstrong & Reisinger

Place of Business, 263 Light

Thos Ellis M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 63670

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Year,* 2 *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 38 Gillisons Ct.

Cause of Death, First, (Primary.) Capilary Bronchitis

Second, (Immediate.) Apnoea

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 24 1883

Undertaker, William Murray

Place of Business, No 628 So. 1st

S. H. Hanley M.D.,
Medical Attendant.

Address, 528 N Howard St
Front Floor

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 6 63671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 23/ 63

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chester Hanis,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, colored,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, 4 months,

Place of Death, {Give street and number.} 261 Orleans St.

Cause of Death, First, (Primary.) Small-pox

Second, (Immediate.)

Duration of Last Sickness, 11 Days.

All the above information should be furnished by the Physician.

Place of Burial, E.O.

Date of Burial, Jan 24

Undertaker, M J Coleman

Place of Business,

J. W. Chadbourn *M.D.,*

Medical Attendant.

Address, 321 Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63672 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Klesal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Oysterman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and Number.} No 4 Canal St

Cause of Death, First, (Primary,) General Consumption

Second, (Immediate,) Interference with respiration

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Ursus Cem

Date of Burial, 25 Jan

Undertaker, Adam Funk

Place of Business, 461 E Gay St

W. F. Snow M. D.,
Medical Attendant.

Address, 128 Chew St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65673 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edna Saunders

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and Number. } 156 S Eden

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E P Cem

Date of Burial, Jan 22 92

Undertaker Michael Coleman

Place of Business,

Geo H Dunn M. D.

Medical Attendant

Address, 2[illegible] Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6356 / *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Barnes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days,*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} St. Joseph's Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion & Dyspnoea

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, January 29

Undertaker, M. Coleman

Place of Business, 50 Odonald St

D. O. G. Hoffman M. D.,
Medical Attendant.

Address, St Joseph's Hospital
7 3/4 E. Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 3 6 7 5 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 19, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bautolo Itsebau

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 9 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tramp

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Paris

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,)

Second, (Immediate,) R. R. Injuries

Duration of Last Sickness, 1 Day

All the above Information should be furnished by the Physician.

Place of Burial, West. Public County

Date of Burial, Jany 21/83

Undertaker, Fred A. Kuehne

Place of Business, *50 S. Carrollton

Alexander Tinsley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63676 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Becky Myers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* ..... *Months,* ..... *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 232 S Carolina

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, Jan 24

Undertaker W. Dupree

Place of Business,

Wm H. Dixon M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63 677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Briscoe

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 19 *Years,* 5 *Months,* - *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Mary's Co., Md. ✓

Duration of Residence in the City of Baltimore, 2½ Yrs.

Place of Death, {Give street and number} 44 Oxford St.

Cause of Death First, (Primary,) Asthenia - Tuberculor Men

Second, (Immediate,) -ingitis

Duration of last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetary

Date of Burial, Jan 24 1883.

Eugene F. Cordell *M. D.*
Medical Attendant.

Undertaker, C. E. White

Place of Business, No 35 Granby *Address,* 125 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

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Board of Health, City of Baltimore,

Permit No. 63678

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob W. Griffin

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 71 Baltimore St

Cause of Death, First, (Primary.) Chronic Bright's Disease

Second, (Immediate.) Uraemic Coma -

Duration of Last Sickness, 3 days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Jany 24/83

Undertaker, STEWART & POWER, UNDERTAKERS, 35 Park Ave.

Place of Business,

Virgil Bruckler M.D.,
Medical Attendant.

Address, 135 n Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Memoranda below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63679 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Propel Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 23, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Bascom Wigert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 8 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 357 E. Monument St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Anginose, Malig.

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 25th

Undertaker, Geo Schilling

Place of Business,

J. W. White, M. D.,
Medical Attendant.

Address, 247 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63680 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Allard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Abt 67 Yrs.

Place of Death, {Give street and number.} No 346 N. Gay St

Caus of death, First, (Primary,) Carcinoma under left and Extending to Mx. gland & Lung.

Second, (Inmediate,) Exhaustion

Duration of Last Sickness, Abt 15 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 26th

Undertaker, Geo Schilling

Place of Business,

R. H. Moffett M. D.,
Medical Attendant.

Address, 188 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick B. Wheeler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 90 Saratoga St

Cause of Death { First, (Primary,) Scarlet fever
, { Second, (Immediate,)

Duration of last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 24th 93

Undertaker, H. J. Weis Son

Place of Business, 75 N Charles St

Robt K Evans M. D.
Medical Attendant.

Address, 534 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JUN 24 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wolms

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balto City Jail

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 48 hours in Balto City Jail

All the above information should be furnished by the Physician.

Place of Burial, Ponie Pray

Date of Burial, Jan. 25th

Undertaker, Walter Emmel

Place of Business, 315 W. Biddle Address

D. P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63683 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 24 1883

Date of Death, Jan. 23rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Myrtia Gross

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 300 S. Howard St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 27

Undertaker, H Ross

Place of Business, 95 Cloud alley

R. N. Hall M. D.
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 13684 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 24 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 23d, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kosinski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 6 months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 Shakspeare St

Cause of Death, First, (Primary,) Congestion of Brain probably

Second, (Immediate,) produced by Opium Poison.

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, 27 Wednesday

Undertaker, W Diffenbach

Place of Business, 157 Bond

John H Keller, M. D.,
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 63685

Permit No: 63685

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dussan

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 283 East Pratt

Cause of Death, {First, (Primary,) } {Second, (Immediate,)} Croup Pox

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Jan 24

Undertaker, W Engel

Place of Business, 151 S Bond

Jno C Benzinger M. D.
Medical Attendant.

Address, 283 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63686 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie R. Dugan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Twenty-two *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rochester State of New York

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} No. 105 N. Howard St.

Cause of death, First, (Primary,) Bursea

Second, (Immediate,) Uremic Poison

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 24th 1885

Undertaker, J. H. Ginnis Co

Place of Business, 139 Lowman St

L. B. Gardner M. D.,
Medical Attendant.

Address, 125 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Annette Berg

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 15 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 45 Brune

Cause of Death { First, (Primary,) Teething
Second, (Immediate,) Meningitis

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balt - Cemetary

Date of Burial, 25 January

Undertaker, John Schultheis

Place of Business, 159½ Mulberry St

F E Shatard Jr. M. D.
Medical Attendant.

Address, Park Ave 114

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 69688 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kehlberg

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 11 Fountain St.

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, M. E. Evangelical

Date of Burial, Jan 24th 1883

Undertaker, H. C. Sanders & Son

Place of Business, 252 Canton Av. Address, 117 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6868 9 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 24 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 5 1/2 A M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Ferguson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, x x x

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 52 S Holy

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, ten days - Saw the Child once

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Jan 24th 83

James E Manly M. D., Medical Attendant.

Undertaker; G. Frazer

Place of Business, Bartz & Wolfe *Address,* 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63690 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Davis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 182 Plum Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Shark at Cem

Date of Burial, Jany 24/83

Undertaker, S W. Chase

Place of Business,

Geo. R. Dunn M. D.,
Medical Attendant

Address, 1 Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Smith.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 37 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lancaster Co. Penna

Duration of Residence in the City of Baltimore, 33 Years.

Place of Death, {Give street and number} 6 Lemmon Court.

Cause of Death { First, (Primary,) Phthisis Pulm. / Secoud, (Immediate,) Asthenia.

Duration of last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 25th 1883

Undertaker, J. S. Cook

Place of Business, 707 W. Balto St.

C. L. Dorsey. M. D.
Medical Attendant.

Address, 19 S. Fulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

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Permit No. 63692

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. A. Weild

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 64 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 416 Hoffman st

Cause of Death, First, (Primary.)

Second, (Immediate.) Paralysis

Duration of Last Sickness, 3 days

All the above informationshould be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 25th 1883

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

M. B. Billingslea M.D.,
Medical Attendant.

Address, 226 E. Baltimore st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63693 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Schamberger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days,*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 45 E Pratt

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Sem

Date of Burial, Jan 24th 83

Undertaker, J. G. Frazier

Place of Business, Bank & Mott *Address,*

Thos. M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6392 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie L. Lunkle

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and Number.} 86 N Washington St

Cause of Death, First (Primary), Mal Nutrition

Second (Immediate), Marasthenia

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius

Date of Burial, Jan 26th 83

Undertaker G. France

Place of Business, Bank & Wolfe

A Shepherd M. D.
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63696 *Office of Registrar of Vital Statistics.* Ward 6 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Sekora

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and Number.} 62 N Chapel St between Fayette & Lexington

Cause of Death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,) Apnoea

Duration of Last Sickness, about 6 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 24 1883

Undertaker, John Kenney

Place of Business, 352 Columbus St *Address,* 128 Chew St

B. F. Grove M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Postal Card

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 24 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Norris

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Pine st. No 3

Cause of Death First, (Primary,) congestion of Brain

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, Jan 25

Undertaker, W W Dennee

Place of Business,

Geo C Pyle M. D

Medical Attendant.

Address, 229 Cary st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 63697

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 24 1883

Date of Death, ... Jan 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Infant Johnson

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... 1 *Months,* ..... *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ..... Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } ..... 164 Vincent Alley

Cause of Death, { First, (Primary,) ..... Spasms

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Shanfer

Date of Burial, Jan 24

Undertaker, W W Dunger

Place of Business, ...

Geo. W. Burdin M. D.,

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63628 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 24 1883

Date of Death, Jan. 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Copsho

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — — 82 *Years,* — *Months,* — *Days,*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 277 W. Biddle St.

Cause of Death, First, (Primary,) Old age & Exhaustion

Second, (Immediate,) Bronchorrhoea

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jany 25th 1882

Undertaker, Wm. J. Gray

Place of Business, 66 Mulberry St

Clark Jam Bibbins M. D., Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore,

Permit No. 63699 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

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JAN 24 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget McAllister

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and Number.} 46. Warren ave

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, Nr 4 Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 25 1883

E. F. Mulholland M. D.,
Medical Attendant.

Undertaker, C F Fraure

Place of Business, 209 Hanover *Address,* 283. W. Lond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 19 63700

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

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No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rithada Sykes

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 3 mos

Location of Residence in the City of Baltimore, No 210 Harlem Ave corner Mount st

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Smallpox

Second, (Immediate.) }

Duration of Last Sickness,

The above information should be furnished by the Physician.

Date of Burial, Jany 26th 1883

Place of Burial, Dorsey Branch

Undertaker, James McSeveny

Residence of Undertaker, 183 Lombard *Address,* 2 Cathedral st

F Glenn, M.D.,
Medical Attendant.

...ns of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 23 DAY Oct

OF 19. THE MICROPHOTOGRAPHS APPEARING

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BUREAU OF Vital Statistics AS DELIVERED

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PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

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